
ANALYSIS OF THE NHS STAFFING CRISIS

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“A 2019 Guardian report found the National Health Service to be short by over 40,000 nurses. This presents an unmistakable policy issue in dire need of addressing. The pandemic has highlighted and exacerbated the problem with catastrophic consequences. Thomas Fleming will establish goals for the UK government in the period beyond the recovery from the pandemic. After evaluating existing policies and alternatives provided by the relevant literature on the matter, Fleming will conclude with a number of recommendations from which the British government can begin to find a sustainable resolution to the NHS’s nurse staffing crisis.”

Introduction

The National Health Service (NHS) is the public healthcare system of the United Kingdom. Presently, the NHS provides critical healthcare to over 1 million patients every 36 hours (Emmett, 2020). It is therefore imperative that the NHS be functioning to the best of its capabilities. In 2019, senior NHS leaders reported that “hospitals are so short of nurses that patients’ safety and quality of care is under threat” (Guardian, 2019). In the context of the staff shortages, patients face increasing difficulties to access NHS services while waiting times are growing. Combined with an increasingly ageing population (ONS, 2018), the implications of these added difficulties really are a matter of life or death.

The COVID-19 pandemic has devastated the NHS in the UK. As well as taking the lives of over 880 health and social care workers (ONS, 2021), COVID-19 has seen nurses on the frontlines across the NHS relentlessly overworked. As a result of the burnout and exhaustion faced in this period, a third of nurses are now considering leaving the profession (Sky, 2020). Given that the NHS had been suffering from a shortage of over 43,000 nurses (Guardian, 2019) in the year before the coronavirus pandemic took hold, it is evident that the country faces a dire situation.

With the NHS facing a growing shortage, the resolution must be twofold - through increasing recruitment of new nurses as well as by improving retention of existing nurses. If NHS nurses cannot be maintained, no sustainable advancement can be achieved by recruiting new nurses.

Addressing the shortage of NHS nursing staff will lead to improved health outcomes for the country. Until the crisis is resolved, there will be damaging implications for many members of the British population. It is therefore fundamental that this crisis is addressed imminently.

Establishing Goals

The goal then is to increase the nursing workforce to a safe level of staffing. UNISON (2014) defines a safe level of nursing as a “nurse-to-patient ratio of one registered nurse to every four patients.” A survey by the Royal College of Nursing (RCN, 2020) found the nurse patient ratio of the UK was roughly 8.8 in 2009 - however it is probable that this figure has improved since then as the nursing workforce has risen. Nonetheless, despite this increase in the workforce, the ratio of 1:4 has remained far out of reach. Until policies are introduced to make a more significant impact on increasing the nursing workforce, this ratio will remain a distant aim and patient care will continue to be “regularly compromised” by understaffing (ibid).

Not only must a safe level of staffing be achieved, the solution must also be sustainable. What this means is that the nurse-patient ratio must be improved for both the immediate term and more distant future. As mentioned earlier, the UK’s population is ageing. Therefore, it is clear that a one off increase in the NHS staff is not enough: the number of NHS nurses must adapt with the population.

Stakeholders

To best understand the policy context of recent times, it is critical to understand the stakeholders present in the decision-making process, predominantly the government and nursing unions. The stakeholders have differing objectives and constraints. The government’s objective is to provide a well-functioning health service but they are constrained by budgeting issues as they might seek to limit taxes or use their budget for alternative means. They therefore seek to maximise the efficiency of the health service. For unions, the objective is to improve working conditions while they are constrained by their political power in influencing decisions. At present, poor working conditions are largely as a result of the staff shortages (RCN, 2020). It is important to note that both of these stakeholder groups are willing to see an improved NHS with staffing shortages resolved. However, for the government, this is only the case if the constrained budget allows it.

Overview

A 2013 public inquiry into care provided at the Mid Staffordshire Hospital found that nurse staffing decisions had been made with a focus placed on limiting expenditure rather than care quality or public safety (Lawless et al, 2019). This shifted the issue of nursing shortages to the forefront of the political scene. The government response to the issue acknowledged failure in allowing this to happen before committing to address the recommendations the report from the inquiry gave. However, the government chose to reject the recommendation by the inquiry to consider mandating minimum nurse patient ratios (ibid). This outlined what has since become a common theme in the stance of the government in ‘prioritising workforce productivity and service efficiency to achieve a balanced NHS budget’ (ibid) over committing to meeting safe standards.

The policy instruments deployed by the government in the last 4 years have centred on recruitment and training. In response to the pandemic, the government has introduced the Health and Care Visa (gov.uk, 2020). The visa, which has a reduced application fee, includes an exemption from the Immigration Health Surcharge. Through offering these reduced fees, it is the government’s hope that prospective nurses will find jobs in the NHS to be more accessible, thus employment can be increased. Additionally, the reduction in fees presents a relatively low cost measure to address the staffing shortage. The extent to which this will be effective may however be limited without appropriate active recruitment policies to incentivise nurses to immigrate into the UK from abroad.

With regard to training, the government has dedicated funding to develop 10,000 additional nursing training places (Marangozov et al, 2016). With there presently being fewer nursing university degree places available than applicants (Goddard, 2020), an increase in the number of places on these courses presents a pragmatic instrument to expand domestic recruitment. This will have a more substantial cost to the government. The extent to which this presents a sustainable solution might be limited if, as in governments past (Charlesworth, 2021), this funding is susceptible to austerity cuts in the next recession.

These two recent policies represent just two of a wealth of policy instruments available to the government to avail of in their pursuit of reducing the shortage.

According to Kingdon and Stano (1984), “for a policy to gain traction and to be successfully implemented, there must be recognition that there is a significant problem to be addressed; a deliverable solution congruent with public and policymaker values needs to be available” and a conducive political climate must exist. COVID-19 has made the damaging impact of the nursing shortage abundantly clear. The Conservative party in power has promised an extra £33.9 billion to improve the NHS by 2023-24 (Conservatives, 2020). Finally, opinion surveys show strong current support for the NHS (Barclay & Tallack, 2021) - demonstrating that today’s political climate is conducive to finding a

sustainable solution. Therefore, all that remains is for a deliverable solution to be found.

Literature Review

Literature on the matter has discussed the viability of the available policy instruments.

Buchan and O'May (1999) explore some of the issues regarding international recruitment of nurses. The authors outline the trend of "batch" international recruitment - sporadic immigration of a group of nurses. The cost of international recruitment is apparent in previous projects. In 1998 the NHS recruited 50 nurses from the Philippines at a cost of around £1700 per nurse. They were recruited by NHS Trusts rather than third party agencies; these would have been some of the less expensive immigrant nurses recruited that year. Therefore, both time and money present significant limitations to international recruitment.

Crawford et al (2015) investigated the responsiveness of NHS nurses' labour supply to changes in their wages relative to outside options of employment. The authors found that increasing national NHS nurses' pay rates would increase the short run numbers seeking employment. However, this relationship is relatively inelastic. With regard to London specifically however - the number of NHS nurses is more responsive to pay levels. The authors estimated that "a 7% increase in nurse numbers could be expected to be achieved in a year through a boost to the relative pay of NHS nurses of about 10%". This finding has significant potential for improving both retention and recruitment. This presents one means to address the country's most severe (Campbell, 2018) regional nursing shortage.

Charlesworth (2021) outlines the value in domestic solutions. The author points out that the UK is below both the OECD average and EU-14 average in the number of graduates with a nursing qualification per capita (ibid). She claims that the lack of investment in training as the root cause of staff shortages. While the author frames this as a failure by the government, this might in fact present an opportunity. With rising numbers of applicants to nursing courses in 2020 (ibid), enhancing training could offer a viable solution to the nursing shortage of the NHS.

Methodology

Beginning with the literature review offering policy recommendations, this paper will then continue by regarding interviews from NHS managers and staff unions. On top of this, the elasticity of labour supply will be interpreted further to try and understand the extent to which changes in pay present an option. This will all be done so that the interests of all stakeholders will be accounted for before the most appropriate policy to

recommend is determined.

Policy Options

The two most prevalent routes to consider in resolving this crisis are: expanding international recruitment and investment into training. Other policy options are also considered, however on review of their feasibility and value, they are not as worthwhile of such comprehensive evaluation as the two more prevalent prospects.

International Recruitment

Building on the expansion to foreign health immigration induced by the Health and Care Visa presents one option available to the government to resolve the crisis. In 2018, only 4,611 qualified/registered nurses from overseas were offered positions in the NHS (NHS Confederation, 2019). This number can be built on to fill the present vacancies in the NHS. The UK's decision to leave the European Union might make this matter difficult to undertake. While the 6% of existing nurses that are from the EU (ibid) will likely be able to stay in the NHS, in the coming years not having the ease of the European employment pool will make recruitment even more difficult. In the past, the UK government has negotiated contracts with foreign nations, notably Ghana, for the recruitment of nurses for a given period of time. This was done in exchange for professional development of the nurses involved (Kingma, 2001). Without the constraints of the EU, the UK might benefit from negotiating more of these contracts with foreign states. This could present a sustainable solution to understaffing as a contractual relationship would establish a continuous flow of nurses entering the UK. The key advantage of this proposal is that nurses would enter the NHS ready to work immediately.

Evaluation Criteria

<i>Effect</i>	If nurses can be recruited to directly fill vacancies in the NHS the shortage of staff could be somewhat filled. Given the temporary nature of international nurses' tenures (Buchan and O'May, 1999), it is unlikely that this policy would lead to an increase in permanent staffing in the NHS. This would mean working conditions and thus retention of nurses would not be improved if shortages are not sustainably addressed.
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<i>Equity</i>	This method might be seen as inequitable for two reasons. Firstly, there were 11,500 applicants to undergraduate nursing who were not given a place on a course in 2018 (ibid). Domestic students may be frustrated by NHS outsourcing recruitment to foreign nationals. Secondly, international recruitment depletes the nursing resources of heavily recruited foreign countries (Kingma, 2001). In the past the damage has been so bad that foreign countries have lobbied the UK government to halt recruitment from their countries (ibid).
<i>Feasibility</i>	This proposal is only feasible as a short-term strategy to alleviate local shortages in emergency situations. This is because in the long-term, in-flows of nurses cannot be guaranteed to last. Meanwhile the significant cost of each nurse (Buchan and O'May, 1999) is excessive when compared with the alternative proposals.
<i>Acceptability</i>	NHS manager interviews have highlighted that overseas recruitment tends only to be considered "after other home-based alternatives" (ibid). To both the government and NHS unions, this strategy presents value only in emergency situations - for which 'batch recruitment' is desired.

Investment in Training

With fewer nursing university degree places available than applicants (Goddard, 2020), it is clear that there are individuals willing to fill the nursing vacancies in the NHS. Continuing on from their creation of 10,000 course places, the government could address the staffing shortage by looking to expand alternative training methods. The associate and apprenticeship route presents a popular pathway into nursing (Glasper, 2019). This is because trainees receive an annual wage and do not pay tuition fees. Presently there are only slightly more than 1000 nursing associates on the register. Increasing this number presents a viable strategy by offering more prospective nurses an accessible and affordable means to enter the profession. In 2019, the government made a commitment to investing in 7,500 new associate places (Hancock, 2021). However, when assessing the progress of the NHS's long-term plan one year later, this aspect was labelled as 'no longer viable' as a result of COVID-19. Now, in the dawn of the pandemic recovery, it is the time to reintroduce this measure. As Charlesworth (2021) has pointed out, there has been a substantial increase in the number of applicants to nursing courses as a result of COVID 19. If the government can increase places on the apprenticeship course soon, it

will be able to avail of this growing demand to increase the number of nurses employed in the NHS.

Evaluation Criteria

<i>Effect</i>	An increase in nursing apprenticeship places would directly lead to an increase in the number of nurses employed in the NHS. This is because the number of prospective nurses awaiting courses like this is substantial. If shortages can be sustainably addressed, existing nurses will be able to derive more satisfaction from their work- leading to better retention.
<i>Equity</i>	This strategy can be regarded as equitable. This is because it would provide prospective nursing students with the opportunities they desire to build a career from. More opportunities are created for this group without expense to any other specific group.
<i>Feasibility</i>	This solution can be regarded as feasible considering the relatively low cost of this method of training. With trainee nursing associates conducting their courses between online study at the Open University and placement work (Hartje, 2020), the cost to expanding this program will not be too deterring - especially considering these associates would offer value to the NHS for their work in hospitals.
<i>Acceptability</i>	This strategy is likely to be regarded as highly acceptable to the government considering their previous willingness to implement the policy prior to the pandemic. Nursing unions like the RCN (2018) also previously welcomed the expansion of paths into the profession.

Increasing Pay

An increase in pay also presents an option that the government might consider. Crawford et al (2015) have identified that an increase in pay for NHS nurses in London could lead to a substantial increase in employment in that area. If an increase in pay can incentivise former nurses to re-enter the profession and disincentive existing nurses to leave the profession, both retention and recruitment might be improved. However, it is unlikely that there are enough former nurses available to return to resolve the crisis. It is likely that pay would need to be increased substantially in order to improve retention

respect to changes in the wage rate is just 0.15 (Phillips, 1995), meaning that a 10% increase in pay would only lead to a 1.5% increase in hours worked. The significant size of pay rise required to do this would likely make this proposal unacceptable to the government.

Improving Working Conditions

There is significant value in acknowledging the demands of the nurses themselves in gauging how to address this crisis. Two recurring demands by the RCN (2018) are for an end to 12-hour shifts and for mandatory safe staffing ratios. These proposals would improve the daily work of nurses across the UK and would likely lead to an increase in retention. However, since there exists a significant shortage of nurses at present, the feasibility of these proposals is lacking. As 12-hour shifts have become necessary to fill the gaps left by vacancies, these measures alone would do little to resolve the crisis.

Recommendation and Conclusion

In conclusion the most appropriate policy to tackle the nursing shortage is to bolster the NHS associate and apprenticeship program. As a result of COVID-19, the UK has witnessed a sharp reduction in new registrations from nurses abroad (Charlesworth, 2021). When this is considered on top of the factors of greater expense and the temporary nature of employment, international recruitment must be seen as a flawed solution. Investing in training presents the most appropriate solution to the crisis. This proposal would take advantage of the present oversupply of prospective nurses- the size of which is over 10,000 (and has been since 2010). The fact that this policy proposal has already been endorsed by both the government and nursing unions is testament to its value. When compared to international recruitment, investing in training presents a cheaper, simpler and more acceptable strategy to tackle this shortage. If this pathway can establish its value as a route into nursing, it will be less at risk of austerity cuts in the future.

For this policy to work best, it should be implemented alongside measures to improve working conditions. If this policy increases employment in nursing, the need for 12 hour shifts will be depleted. Together these actions would lead to an improvement in working life for nurses, which could create a positive feedback loop if nursing becomes relatively more attractive. If this cycle can be achieved, there is hope that this proposal could sustainably resolve the NHS nursing crisis and achieve the 1:4 nurse to patient ratio.

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