The BMJ

Cite this as: *BMJ* 2021;373:n1461<http://dx.doi.org/10.1136/bmj.n1461>

Published: 08 June 2021

Staff burnout: MPs demand “total overhaul” of NHS workforce planning

Gareth Iacobucci

Staff burnout across the NHS and social care in England has reached an “emergency level” and poses a serious risk to the future functioning of services, a parliamentary inquiry has concluded.

A report by the House of Commons Health and Social Care Committee after an inquiry into the issue found that staff shortages were ultimately the biggest driver of workforce burnout, which evidence to the MPs described as feelings of low energy or exhaustion, increased mental distance from or negative feelings about the job, and reduced professional effectiveness.¹ Excessive workload was identified as the key predictor of staff stress and workers’ intentions to quit, of patient dissatisfaction, and was highly associated with the level of errors.

The MPs’ report criticised NHS workforce planning, which it described as “at best opaque and at worst was responsible for unacceptable pressure on staff.”

Jeremy Hunt, committee chair, said, “Workforce burnout across the NHS and care systems now presents an extraordinarily dangerous risk to the future functioning of both services.

“Staff face unacceptable pressure with chronic excessive workload identified as a key driver of workforce burnout. It will simply not be possible to address the backlog caused by the pandemic unless these issues are addressed.”

Although the inquiry heard that covid-19 had had a big impact on workforce pressures, it said that staff shortages existed before the pandemic. It criticised the absence of any “accurate, public projection” of long term workforce requirements in different medical specialisms, echoing comments made by Hunt when he spoke to *The BMJ* earlier this year.²

The inquiry concluded that workforce planning had been overly determined by the funding available to the health system rather than by demand and the capacity required. It recommended that Health Education England publish independently audited annual reports on workforce projections covering the next five, 10, and 20 years, including assessment of whether numbers being trained are enough. Workforce projections should also cover social care, it added.

Hunt added, “Achieving a long term solution demands a complete overhaul of workforce planning. Those plans should be guided by the need to ensure that the long term supply of doctors, nurses, and other clinicians is not constrained by short term deficiencies in the number trained. Failure to address this will lead to not just more burnout but more expenditure on locum doctors and agency nurses.”

The focus should be on systems and systemic solutions rather than the resilience of individual staff members, the report added.

It said that resources allocated to mental health support for staff should be maintained even after services return to “business as usual” after the pandemic and that NHS England should review the role of targets to consider the risk that they create a culture that deprioritises staff and patient care.

The report noted that staff from ethnic minority backgrounds faced specific challenges in relation to workplace culture, burnout, and resilience, with discrimination raised as a factor in burnout, and it said there was clear evidence that these staff members had been disproportionately affected by the pandemic.

David Wrigley, lead on wellbeing at the BMA, which submitted evidence to the inquiry, welcomed the recommendations to overhaul workforce planning and to retain additional wellbeing support for staff. “The report has identified the seriousness of the situation . . . now we’re calling on the government to act on the recommendations and identify further solutions as a priority,” he said.

Saffron Cordery, deputy chief executive of NHS Providers, said, “As we start to address the daunting legacy of the pandemic, it is vitally important we do everything we can to protect staff from unmanageable workloads as well as putting measures in place to address the risk of increased retirements and departures by colleagues who are exhausted.

“That means ensuring the NHS has the right levels of staff to build flexibility into the system, making it easier to cover sickness absences, as well as enabling staff to have more breaks in their work day, a manageable workload, and a better work-life balance.”

Suzie Bailey, director of leadership and organisational development at the health think tank the King’s Fund, said it was a “bitter irony” that many staff were made ill because of their work and “particularly shocking” that ethnic minority staff reported worse experiences. “There is an urgent need for a fully funded workforce strategy to increase recruitment, tackle staff burnout, and support health and care leaders to create compassionate and inclusive workplace cultures that staff want to work in,” she said.

A Department of Health and Social Care spokesperson said, “We recognise the pressures that staff have faced during this time, and the government is doing everything it can to support their wellbeing, including through £37m this year to fund staff mental health

hubs, a dedicated helpline, and a 24/7 text support service.

“The government has backed the NHS at every turn in its fight against covid-19, providing health and care services with an extra £92bn and giving councils £4.6bn to help them meet additional demands on social care.”

- 1 House of Commons Health and Social Care Committee. Workforce burnout and resilience in the NHS and social care: second report of session 2021-22. 8 Jun 2021. <https://committees.parliament.uk/work/494/workforce-burnout-and-resilience-in-the-nhs-and-social-care>.
- 2 Iacobucci G. Jeremy Hunt: I was too slow to boost the NHS workforce-the government must, and can, act now. *BMJ* 2021;372:n335. doi: 10.1136/bmj.n335 pmid: 33568341