White Paper

Delivering our promise to our staff - engage, empower and retain.

Written by

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for ImproveWell LTD

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Foreword

The [NHS Constitution](#) proudly states its promise to staff –

" *all staff should have rewarding and worthwhile jobs, with the freedom and confidence to act in the interest of patients. To do this, they need to be trusted, actively listened to and provided with meaningful feedback".*

But as we emerge from a once in a lifetime pandemic, support for NHS staff seems to be faltering.

The [most recent](#) national NHS staff survey demonstrates the current level of disconnect in listening to NHS staff; morale indicators show that almost a third of respondents think about leaving their organisation, only half of respondents believe that they have a choice in deciding how to do their work, and half of respondents feel involved in changes being introduced. These feelings of disempowerment are exacerbating the general mood of discontent and burnout across the NHS workforce.

Happiness at work is underpinned by several factors. 'Improving wellbeing at work' initiatives are rightly dominated by campaigns for better pay and supporting physical and mental health. However, there are broader organisational and cultural factors which enable staff to feel valued at work.

Staff empowerment, meaning that every single staff member feels heard and involved, is an area where every leader can make a meaningful difference.

Across vast parts of our health service, the status quo is to ask our staff once a year for their input in improving how care is delivered in their workplace. We must change this. Worryingly, only half of staff working across the NHS currently feel able to make improvements happen in their area of work. These barriers, which are preventing some of the country's brightest problem-solvers from feeling able to fix issues impacting the quality of clinical care, must be urgently addressed.

ImproveWell was born from **real-world frustration** of working in a complex, multi-level organisation and feeling **unable** to capture, discuss and act on day-to-day moments of inspiration – **'micro-improvements'** – which when implemented, as this paper outlines, deliver compounding benefits of empowering staff and improving patient care.

There is no single solution to improving workforce wellbeing and retention. However, the cost of *inaction* is more staff leaving; increasing pressure on the remaining workforce. The 'Framework for Workforce Retention' in this paper identifies eight drivers that play a key role in impacting job satisfaction, staff morale and staff retention. These are levers that organisations must focus on.

We outline how ImproveWell helps organisations to proactively tackle retention; by transforming into **listening organisations**, fostering a **culture of improvement**, and **enabling leaders** to make a demonstrable commitment by putting **change-making** in the palms of every single member of staff – from ward to board.

In doing so, new analysis shows that 94% of ideas captured via the ImproveWell platform relate to at least one of the eight key drivers in the Framework for Workforce Retention; improving staff experience, satisfaction and, ultimately, retention.

Dr Na'eem Ahmed BEM
Clinical Lead and Co-founder, ImproveWell

Contents

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1. Introduction

Against a backdrop of increasing demand for healthcare, the NHS is facing a clear and pressing workforce challenge.

In June 2023, in response to this challenge, NHS England (NHSE) published its long-awaited, comprehensive workforce plan[1] which describes a clear direction for the NHS to address the gaps in its current workforce across all staff groups and the challenge of meeting the changing healthcare needs of a growing, ageing population.

> Modelling of NHS workforce demand and supply over the next 15 years shows that, without concerted and immediate action, the NHS will face a **workforce 'gap'** of up to **360,000** staff by 2036/37.

NHSE's workforce plan sets out actions in three priority areas to close this gap and ensure that the NHS has the workforce it needs for the future:

- **Retain:** ensuring the NHS keeps more of its staff within the health service by better supporting people throughout their careers, boosting flexibilities for staff to work in ways that suit them and work for patients, and continuing to improve the culture and leadership across NHS organisations.

- **Train:** increasing education and training, apprenticeships and alternative routes into professional roles, to deliver more doctors and dentists, more nurses, midwives and other professional groups, as well as new roles designed to better meet the changing needs of patients and support the ongoing transformation of care.

- **Reform:** improving productivity by working and training in different ways, building broader teams with flexible skills, changing education and training to deliver more staff in roles and services where they are needed most, and ensuring staff have the right skills to take advantage of new technology that frees up clinicians' time to care, increases flexibility, and provides the care patients need more effectively and efficiently.

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1 The NHS Long Term Workforce Plan, NHS England, 30 June 2023

> " *This plan presents a historic opportunity to do things differently to help ease pressures on staff and increase capacity so they can spend more time with patients. Whilst we need to attract new staff, we also want to make sure we support and retain existing staff who possess invaluable skills and experience."*

Steve Barclay, Health Secretary, The Daily Telegraph, 29 June 2023

This paper focuses on one of those priorities – the retention of existing staff and their skills and experience, which is critical to a well-functioning NHS.

It sets out the scale of the retention challenge and the levers that contribute to it. It also explains how the successful adoption of digital platforms, such as ImproveWell, can help the NHS to achieve its stated aim of reducing the overall leaver rate for NHS employed staff from 9.1% in 2022 to between 7.4% and 8.2%, and **ensuring up to 130,000 fewer staff leave the NHS over the next 15 years**[2].
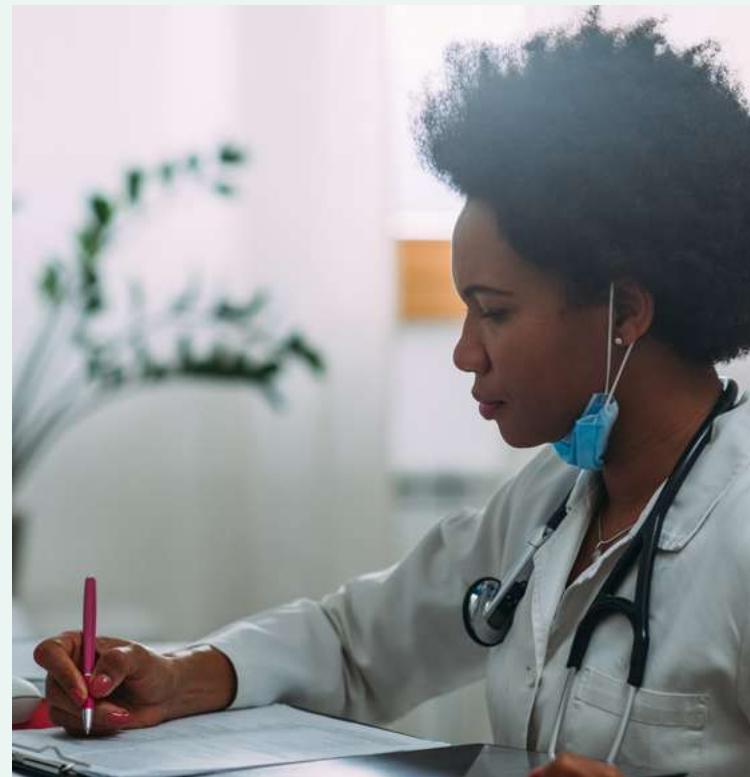
> " *We are pleased that there will be a renewed focus on retention as this is, if anything, more important than attracting new staff into the NHS.* **Leaders will hope that the plan provides reassurance to staff that help is on the way to spread the workload, improve working conditions for them and improve care for patients."*

Matthew Taylor, Chief Executive, NHS Confederation, 30 June 2023

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2   The NHS Long Term Workforce Plan, NHS England, 30 June 2023

2. The retention challenge

1.4 million
NHS workers December 2022

At the end of December 2022, 1.4 million people were working in NHS hospitals and community health services in England (1.26 million full-time equivalents).

Professionally qualified clinical staff, including all doctors, qualified nurses and allied health professionals, made up over half (57%) of this workforce[3]. Non-clinical staff supporting professionally qualified clinical staff made up 28% of the workforce, with the remaining 15% in central functions and management roles.

The NHS workforce has seen significant growth since 2010 and has grown by 12% in the last three years[4]. But, despite this, only 26.4% of respondents to the 2022 NHS Staff Survey said there were sufficient staff in their organisation for them to do their job properly – an 11.9% decline from 38.3% in 2020[5].

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3   NHS Digital, NHS workforce statistics – **December 2022**; professionally qualified clinical staff include all doctors, qualified nurses and health visitors, midwives, qualified scientific, therapeutic and technical staff, and qualified ambulance staff

4   NHS Digital, NHS workforce statistics – **February 2023**; professionally qualified clinical staff include all doctors, qualified nurses and health visitors, midwives, qualified scientific, therapeutic and technical staff, and qualified ambulance staff

5   NHS Staff Survey 2022

Figure 1:

NHS hospital and community health services (HCHS) workforce, by staff group

31-Dec-22	Staff Group	No. of Staff	% of All Staff
Medical Staff	Consultant	54,312	3.9%
	HCHS Doctors	132,869	9.6%
	Specialty Registrar	33,681	2.4%
	Other Medical	44,876	3.2%
	Sub-Total	**265,739**	**19.1%**
Nurses, Midwives and Allied Health Professionals	Nurses & Health Visitors	328,295	23.6%
	Midwives	22,108	1.6%
	Scientific, therapeutic & technical	160,904	11.6%
	Ambulance staff	18,406	1.3%
	Sub-Total	**529,715**	**38.1%**
Non-clinical – Support to clinical staff	To: Doctors, nurses & midwives	284,857	20.5%
	To: Ambulance staff	25,059	1.8%
	To: Scientific, therapeutic & technical staff	77,296	5.6%
	Sub-Total	**387,212**	**27.9%**
Other staff	Central functions	108,394	7.8%
	Hotel, property & estates	61,459	4.4%
	Managers and Senior managers	36,675	2.6%
	Other	519	0.0%
	Sub-Total	**207,047**	**14.9%**
	All Staff	**1,389,710**	**100%**

Source: NHS workforce statistics, Q3 2022/23, annual turnover from NHS trusts

Delivering the NHS Long Term Workforce Plan, improving urgent care performance and tackling the diagnostic and elective backlog post the COVID-19 pandemic are strategic priorities for the NHS. For the NHS to successfully deliver these priorities it urgently needs to expand its workforce capacity both by attracting, recruiting and developing new staff to the NHS and importantly, improving the retention of existing staff. This will be a significant challenge.

A highly competitive UK labour market, with the lowest rates of unemployment since 1974, and 'Brexit', which has limited the supply of qualified healthcare professionals from the EU, meant many health and care organisations were already facing staff shortages before the COVID-19 pandemic. The combined impact of the pandemic, cost-of-living crisis and negative press coverage on the NHS brand is making it even more difficult for the NHS to attract new talent and retain experienced staff across all staff groups, at all levels.

The direct and indirect impact of the pandemic has been particularly profound and is clearly seen in recent NHS workforce data[6]. Before the pandemic, the number of vacancies and vacancy rates across the NHS were high but relatively stable; an average of **c. 100,000** vacancies and vacancy rates of **c. 8.5%** across all providers in England. During the pandemic, both fell as staff either delayed their plans to retire or returned to help out. However, post-pandemic we have seen a sharp and sustained increase in vacancies and vacancy rates. Both are now above pre-pandemic levels.

The growth in the total number of vacancies has been most dramatic with a **22+% year-on-year increase** in vacancies in 2021/22 and in 2022/23 (equates to about **20,000 full-time equivalents**).

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6   NHS England vacancy statistics, 2 March 2023 – April 2015 to December 2022

Figure 2:

Trend in total number of vacancies, by NHS region
– 2018/19 to 2022/23 (Q3)
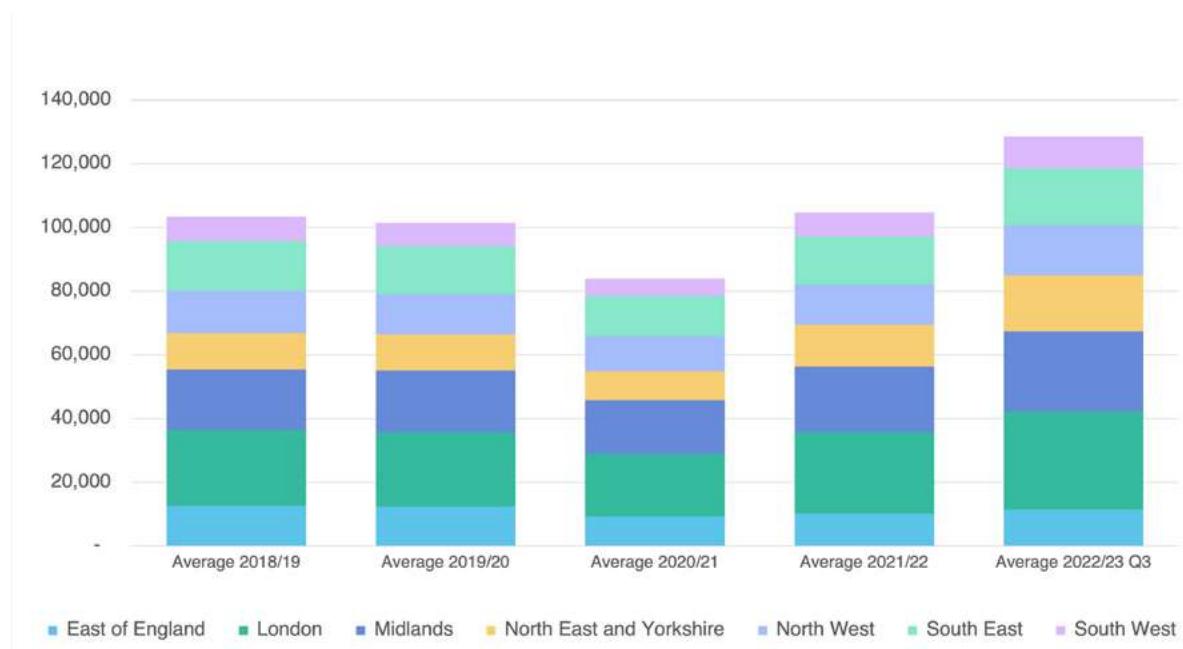
Source: *NHS vacancy statistics, April 2015 to December 2022, NHS England*

Much of the increase in vacancies has been driven by the need to expand the workforce to meet significant growth in demand for care as we recover from the pandemic. However, some of the growth in vacancies has been due to an increase in staff vacancy and turnover (leaver) rates which have both risen, post-pandemic.

Overall, staff vacancy rates increased from **8.3%** in **2019/20** to **9.3%** in **Q3 2022/23**. The increase has been most marked in London, where vacancy rates are now above **12%**[7].

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7   NHS vacancy statistics, April 2015 to December 2022, NHS England

Figure 3:

Trend in average vacancy rates, by NHS region – 2018/19 to 2022/23 (Q3)
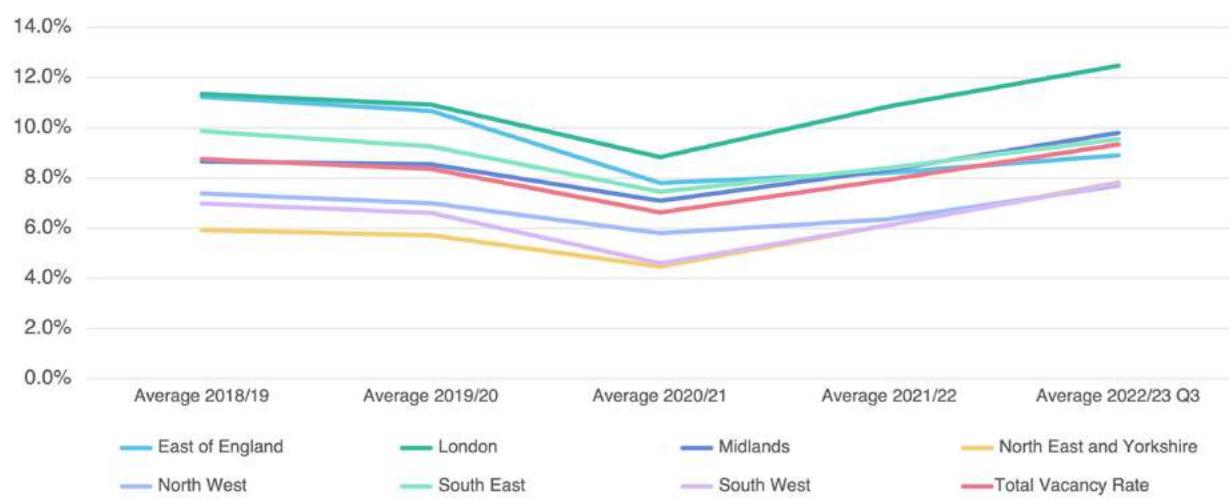
Source: NHS vacancy statistics, April 2015 to December 2022, NHS England

We have also seen an increase in average leaver rates – from **9.5%** to **11.8%** – over the same period.

Some increase was to be expected, given that many people either came out of retirement or delayed their decision to retire to support the NHS during the pandemic. However, these too are now well above pre-pandemic levels.

While this picture is mirrored in almost all staff groups, the leaving rates differ substantially between groups. Some, such as ambulance staff, have seen a marked increase in leaver rates to levels markedly higher than pre-pandemic levels, while others (in particular, consultants) have seen little change. This suggests the impact of the COVID-19 pandemic, 'Brexit' and cost-of-living crisis is having a differential impact across staff groups.

Figure 4:

Leavers rates – clinical staff (medical, nursing, AHPs) – 2018/19 to 2022/23 (Q3)

Leavers Rate %	31-Dec-18 to 31-Dec-19	31-Dec-19 to 31-Dec-20	31-Dec-20 to 31-Dec-21	31-Dec-21 to 31-Dec-22
All staff groups	10.9%	9.6%	11.3%	11.8%
Nursing Staff and Allied Health Professionals				
Nurses and Health Visitors	9.9%	8.7%	10.2%	10.9%
Midwives	10.4%	9.8%	11.9%	11.8%
Scientific, Therapeutic & Technical	10.4%	9.1%	10.7%	11.1%
Ambulance Staff	7.0%	6.2%	8.7%	10.0%
Medical Staff				
Consultants	5.2%	4.7%	5.1%	5.3%
Specialty Registrars	21.8%	20.7%	21.8%	23.3%
HCHS Doctors	14.7%	13.4%	14.4%	15.0%

Source: NHS workforce statistics, Q3 2022/23, annual turnover from NHS trusts

Although we are seeing this scenario of increasing vacancy rates play out across the country, there are large regional differences in the scale of the retention challenge, suggesting the local labour market is an important factor.

London, which accounts for almost one in four vacancies nationally, has consistently had vacancy rates well above the national average, reflecting the highly competitive labour market.

In contrast, North East and Yorkshire and the South West have consistently had average vacancy rates well below the national average, suggesting labour markets in these regions are less competitive[8]. Although this is reflected across all staff groups, the scale of the challenge varies between staff groups.

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8 NHS vacancy statistics, April 2015 to December 2022, NHS England

Figure 5:

Registered nursing and medical staff vacancies – 2018/19 to 2022/23 (Q3)
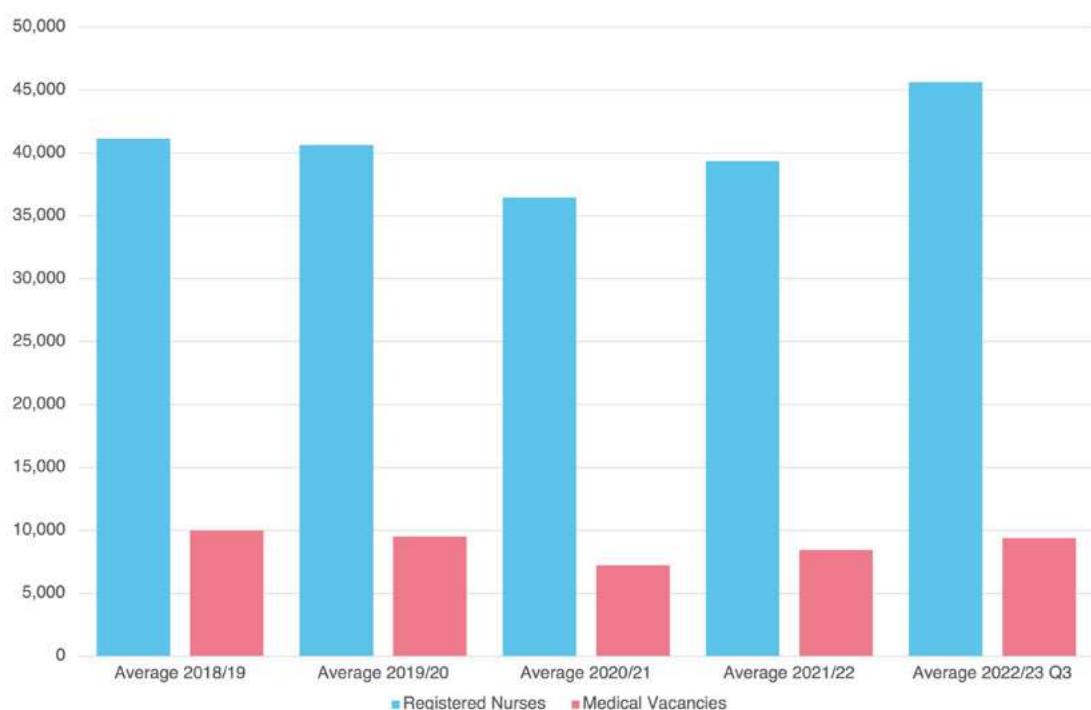
Source: NHS vacancy statistics, April 2015 to December 2022, NHS England

Nurses and midwives, the biggest staff group, account for more than one in three vacancies.

Both the number of vacancies and vacancy rates for registered nursing posts have seen marked increases over the past two years. Average vacancy rates have increased from 9.8% to 11.5%, in line with pre-pandemic levels with the average number of vacancies increasing from 35,465 to 45,627 full-time equivalents, significantly higher than pre-pandemic levels[9]. This has been mirrored by an increase in the number of registered nurses leaving the Nursing and Midwifery Council (NMC) Register.

9 NHS vacancy statistics, April 2015 to December 2022, NHS England

Figure 6:

Number of registered nurses and dual registered nurses leaving the NMC register in the UK – 2018 to 2022
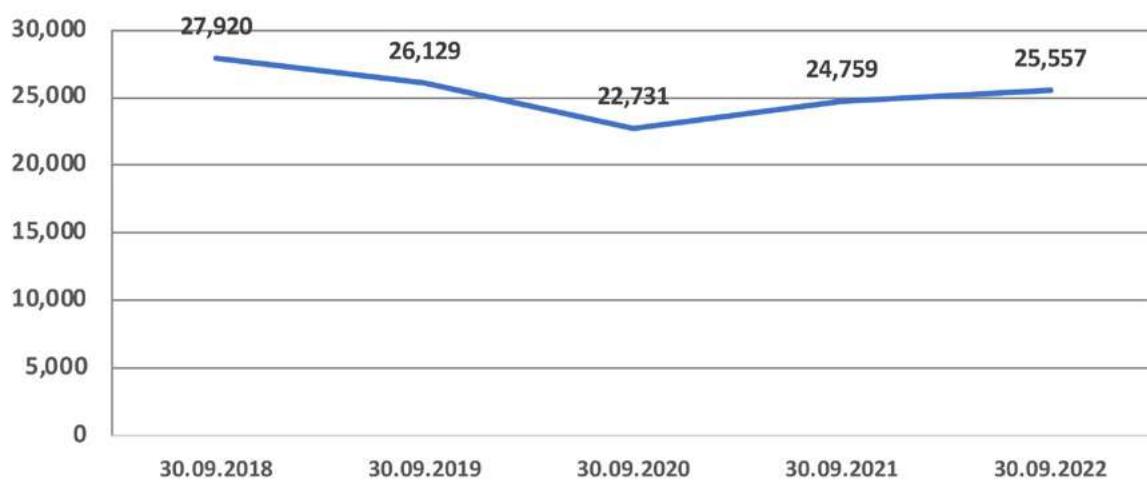
Source: Nursing and Midwifery Council, registration data reports, September 2022

Vacancies and vacancy rates for medical staff are much lower than for nursing staff. Over the past two years both have returned to pre-pandemic levels with average vacancy rates across the country increasing from 5.3% to 6.4% and the average vacancies from 7,232 to 9,407 full-time equivalents. Vacancy rates again vary across the country from 4.0% in the South West up to 9.2% in the Midlands. Given the leavers rate for hospital and community health services (HCHS) Doctors and Specialty Registrars is rising sharply, medical vacancies and vacancy rates are likely to continue to grow.

Finally, the scale of challenge also varies by type of provider. This may reflect the different make-up of the workforce. The majority of vacancies sit within acute (68%) and mental health trusts (23%) with ambulance, community and specialist trusts together only accounting for a small (<10%) of all vacancies[10].

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10 NHS vacancy statistics, April 2015 to December 2022, NHS England

Figure 7:

Total number of vacancies, by provider type – 2018/19 to 2022/23 (Q3)
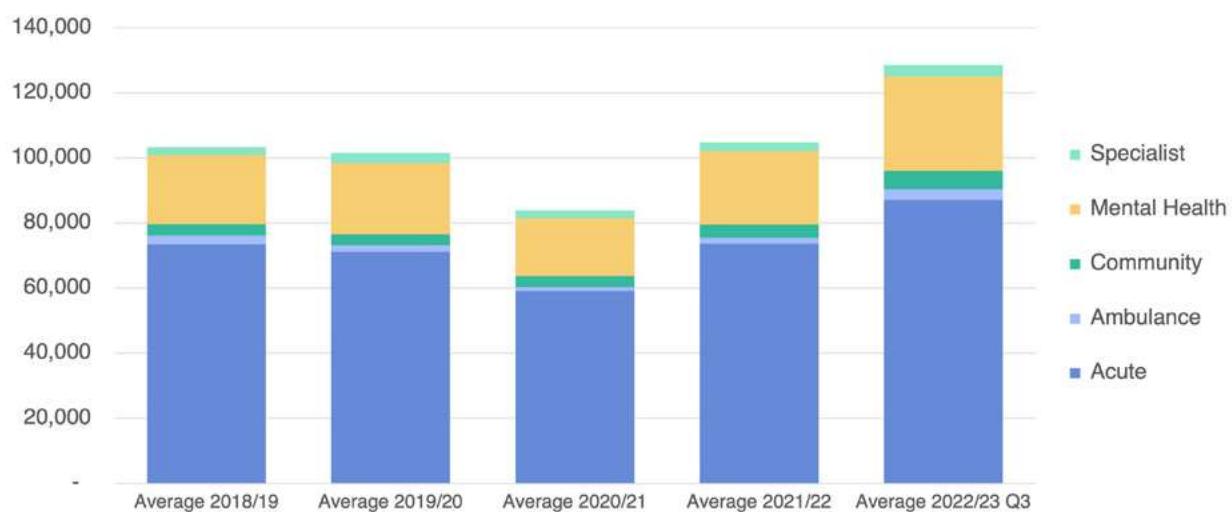
Source: NHS vacancy statistics, April 2015 to December 2022, NHS England

However, while the picture in the acute trusts broadly mirrors the overall national trend, mental health trusts in particular as well as ambulance and community trusts have experienced a much sharper rise in vacancies and vacancy rates over the past two years - especially in 2022/23.

Figure 8:

Trend in vacancies and rates, by provider type – 2018/19 to 2022/23 (Q3)

Provider Type	Average 2018/19	Average 2019/20	Average 2020/21	Average 2021/22	Average 2022/23 (Q3)
No. of Vacancies:					
Acute	73,472	71,124	59,061	73,692	87,106
Ambulance	2,676	2,048	1,197	1,832	3,281
Community	3,510	3,355	3,447	4,036	5,629
Mental Health	21,205	21,864	17,756	22,538	28,951
Specialist	2,504	3,083	2,457	2,580	3,597
Total	**103,367**	**101,474**	**83,919**	**104,679**	**128,563**
Vacancy Rate:					
Acute	10.5%	9.8%	7.8%	9.0%	10.2%
Ambulance	10.2%	7.7%	4.7%	7.2%	10.3%
Community	9.7%	9.8%	7.7%	8.4%	10.9%
Mental Health	11.8%	11.9%	10.5%	12.2%	14.5%
Specialist	9.5%	10.4%	8.6%	9.8%	10.7%
Total	**10.7%**	**10.2%**	**8.4%**	**9.7%**	**11.2%**

Source: NHS vacancy statistics, April 2015 to December 2022, NHS England

3. The impact

High vacancy levels have a significant impact on the quality and cost of patient care.

In order to ensure services are appropriately and safely staffed, providers need to make increasing use of 'internal' bank and 'external' agency staff to fill the 'gaps' these vacancies create.

Data from the Model Healthcare System suggests average bank fill rates of around 80%. This means 80% of shifts that cannot be filled by the substantive workforce (some of which arise because of vacancies, some due to sickness absence and leave) are filled either through staff giving additional discretionary effort or by 'bank only' workers (i.e., those that choose to work flexibly on the bank). A good proportion of other shifts are filled by agency staff.

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As agency staff typically cost, on average, at least 20% more than NHS bank staff[11], this comes at a significant financial cost. In 2020/21, NHS England spent £2.44 billion on agency staff. Although the 2021/22 figures are yet to be finalised, there are reports of a 20% increase in agency spending based on responses to freedom of information requests[12].

Not only is there a financial cost to the NHS of high and increasing use of agency staff, there is also *quality* cost. There is evidence to show patient and staff experiences are worse in NHS trusts that spend more on agency staff; highlighting the importance of reducing dependency on agency staff not just as a cost-cutting measure, but also from a quality-of-care perspective.

" *We found that staff experience was associated with sickness absence rates, spend on agency staff and staffing levels, indicating that staff wellbeing is impacted negatively by a workforce that is overstretched and supplemented by temporary staff. Patient experience was also negatively associated with workforce factors: higher spend on agency staff, fewer doctors and especially fewer nurses per bed, and bed occupancy. These findings are unsurprising. Use of agency staff provides less continuity and stability of care, and inadequate staffing and high bed occupancy will impact negatively on the quality of inpatient care. That these associations with workforce factors come through in patients' feedback is noteworthy, as it signals the risks to the quality of care for patients given the current widely-reported crises in NHS staffing. Staff-reported experience was correlated with patient feedback in several areas, notably between staff perceptions of care quality and patient experience, indicating that staff and patients' perceptions about quality of care are consistent.*

11 "NHS could free up to £480m by limiting use of temporary staffing agencies" NHS England, 31 August 2018
12 Commons Library Research Briefing, The NHS Workforce, 21 February 2023

> *Our findings highlight the importance of reducing dependency on agency staff, not just as a cost-cutting measure, but also from a quality-of-care perspective. Likewise, patients' feedback shows the importance of reducing the pressure on beds and ensuring adequate staffing for improving quality of patient care. Associations between workforce factors, bed availability, staff and patient experience resonate with other research. They suggest that the deepening crisis in NHS staffing and availability of beds could cause a deterioration in the quality of care. The findings have significance for policy makers and managers in terms of the urgent need to address the workforce and NHS capacity issues."*

Source: "The risks to care quality and staff wellbeing of an NHS system under pressure" Picker, The King's Fund, 31 January 2018

Recent analysis of the impact of the pandemic on NHS staff retention shows worrying trends such as reduced nurse retention due to COVID-19-driven health issues, burnout, reduced working hours and early retirement.

The size of the workforce 'gap' is creating significant operational challenges and placing increased pressure on staff who are already incredibly stretched, especially in those organisations and among those staff groups where there are large numbers of vacancies.

This in turn creates a 'spiralling effect' (figure 9) that leads to more people opting to leave. As workload pressures intensify, staff experience greater levels of stress and burnout which adversely impacts their physical and mental health.

This leads to increasing sickness absence and, as the evidence below suggests, a greater likelihood they will look to leave their job.

> *Novel analysis of individual staffing records suggests that nurse leaver rates, in particular, are associated with recent sickness. For example, a nurse or midwife who missed three days of work for mental health reasons was 27% more likely to leave three months later than a peer with no absences."*
>
> Source: "Peak Leaving: A spotlight on nurse leaver rates in the UK", Billy Palmer, Lucina Rolewicz, Nuffield

Figure 9:

The escalating retention challenge

The escalating retention challenge

- Increased workload pressures
- Unable to deliver high quality, safe care
- Increased levels of stress and burnout
- Deterioration in physical and mental health
- Increased sickness absences levels
- Greater likelihood of leaving the NHS
- Increased vacancies and vacancy rates
- Inadequate staffing and workforce gaps

Recent survey data from leading bodies show that as work pressures and staff shortages escalate, more staff are thinking about leaving not only their current roles, but the NHS entirely.

The Royal College of Nursing (RCN) 2021 Employment Survey: 57% of respondents to the question around 'intention to leave' are considering or planning to leave their current post (including planning for retirement). This is a significant increase on the 36% of respondents to this question in the RCN's 2020 Pay and Working Conditions Survey.

The 2022 NHS National Staff Survey: The most recent survey highlights a marked deterioration in the 'Thinking about Leaving' score, one of three measures that contribute to the 'Staff Morale' score across all NHS organisations in England from 6.3 in 2020 to 5.9 in 2022.

Figure 10:

NHS Staff Survey 2022 - national results

	Average Score 2020	Average Score 2021	Average Score 2022
Staff Morale:	**6.1**	**5.8**	**5.7**
Thinking about leaving	**6.3**	**6.0**	**5.9**
Work Pressure	5.6	5.1	5.0
Stressors	6.4	6.3	6.3

Source: NHS Staff Survey 2022, national results briefing, section 12: Morale

Detailed analysis of the responses contributing to this score shows that, on average, one in three staff (32.3%) 'often think about leaving' with one in four (23.7%) saying they 'will probably look for a new job at a new organisation in the next 12 months'.

These results suggest that, without action, retention will become an even greater challenge for NHS organisations in the short- to medium-term. So, it comes as no surprise that there is a major focus on improving staff retention at all levels of the NHS - locally, regionally, nationally - including in the recently published NHS Long Term Workforce Plan.

4. Understanding why people leave

To improve staff retention across the NHS, we need to better understand why people leave as well as why people stay. NHS England has developed the National Retention Programme[13] to explore the factors that affect job satisfaction and the reasons why people decide to stay or leave the NHS, including what may trigger staff to consider leaving. However, this programme is in its early stages and the evidence available on which factors matter for retention is scarce.

A desk-based review of the published evidence that is available suggests the reasons why people leave and why people stay are complex and multi-dimensional.

> " *The reasons people stay or leave a job role or their employer are complex. Good engagement, communications, team leadership, support for wellbeing and having flexible and predictable working practices are contributing factors to an individual's experience of work."*

Caroline Waterfield, Director of Development and Employment, NHS Employers

13 Looking After Our People – Retention hub, NHS England

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" *Multiple factors influence NHS labour force retention. Pay was found to influence satisfaction which in turn affected retention. An increase in wages alone is unlikely to be sufficient to ameliorate the concerns of NHS workers.*

"We found a clear relationship between job satisfaction and retention. Poor satisfaction increases the likelihood of staff leaving the NHS. Job satisfaction is affected by morale, the quality of care provided by staff and professional development opportunities. Poor staffing levels and increased workloads can contribute to reduced job satisfaction.

"The literature suggests that a combination of non-monetary factors affect NHS staff intentions to leave. Creating bespoke CPD* regimes, increasing flexibility and providing employees with the means to provide a higher quality of care may offer some potential solutions to improve retention."

Source: Bimpong KAA, Khan A, Slight R, et al: Relationship between labour force satisfaction, wages and retention with the UK National Health Service, BMJ Open 2020

* Continuing Professional Development

Published NHS Workforce data provide some helpful insights as to why people leave and how this has changed over time, although for one in four leavers the reason is 'not known'.

Analysis of recent NHS workforce data shows there are three main reasons why people leave: work-life balance, promotion and relocation. Together, these account for one in every two people leaving. The proportion of leavers citing 'work-life balance' has increased post-pandemic. Despite the high profile given to the current pay discussions, it is interesting to see the proportion leaving for a 'better reward package' has remained fairly stable at c. 5%.

Figure 11:

NHS workforce – reasons for leaving: 2018/19, 2022/23

Reason for leaving	FY 2018/19	FY 2022/23
Voluntary Resignation:		
Work Life Balance	**15.9%**	**18.3%**
Relocation	**18.5%**	**16.8%**
Promotion	**13.2%**	**15.3%**
Better Reward Package	4.5%	5.2%
To undertake further education and training	4.2%	5.2%
Health	3.8%	4.9%
Early Retirement	2.4%	1.7%
Other: Not Known	30.0%	25.4%
Other Known	7.6%	7.2%
Total	**100%**	**100%**

Source: NHS HCHS workforce statistics, March 2023

In its annual 'Employment Survey', the Royal College of Nursing (RCN) explores whether respondents are thinking of leaving their job and the reasons why. The main reasons given in the 2021 survey are summarised below:

Figure 12:

RCN Employment Survey – reasons for thinking about leaving
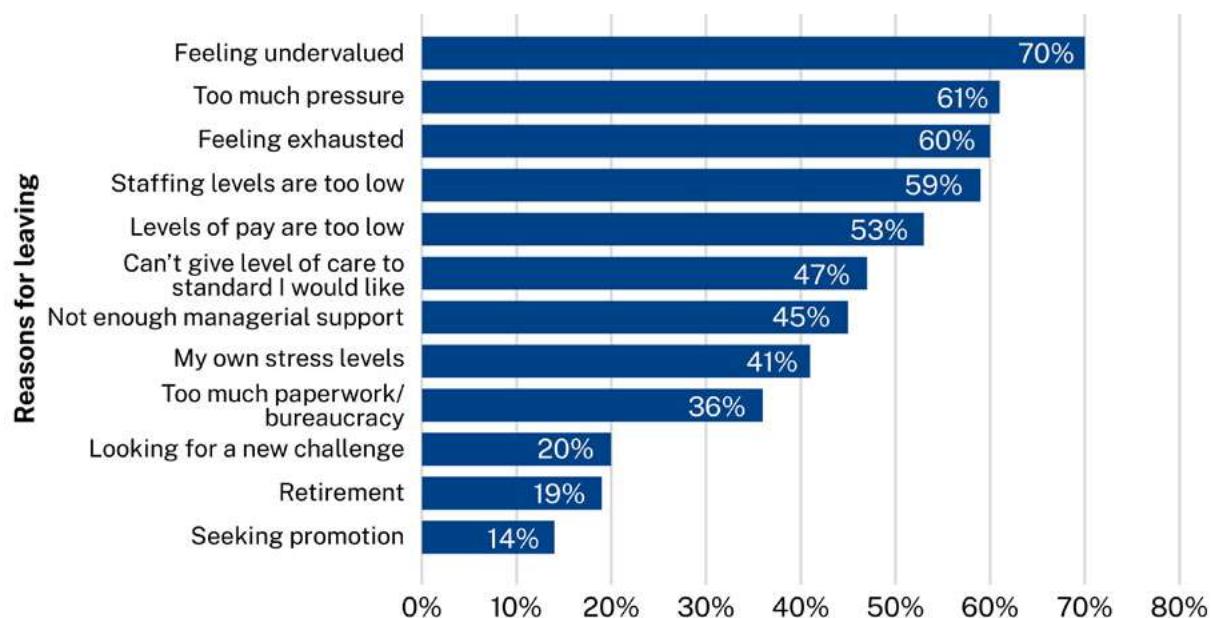
Source: Royal College of Nursing Employment Survey 2021

The most cited reason for leaving was 'feeling undervalued' (70%) followed closely by 'too much pressure' (61%), 'feeling exhausted' (60%) and 'staffing levels are too low' (59%). **Almost one in two (47%) leavers cited not being able to give the quality of care to the standard they would like as a reason for leaving.**

Just over half (53%) cited 'levels of pay are too low', suggesting that although the current pay negotiations are important and will aid retention, **improving pay alone will not be sufficient to stem the flow of experienced staff from the service**[14].

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14 Royal College of Nursing Employment Survey 2021

Similarly, the Nursing and Midwifery Council (NMC) conducts an annual 'Leaver's Survey' which explores the reasons why people leave its permanent register. The insights from its most recent (2022) survey mirror those from the Royal College of Nursing Employment survey.

The most commonly cited reasons for leaving were:

43%

retirement

22%

personal circumstances

18%

too much pressure

13%

workplace culture

12%

leaving the UK

12%

COVID-19 pandemic
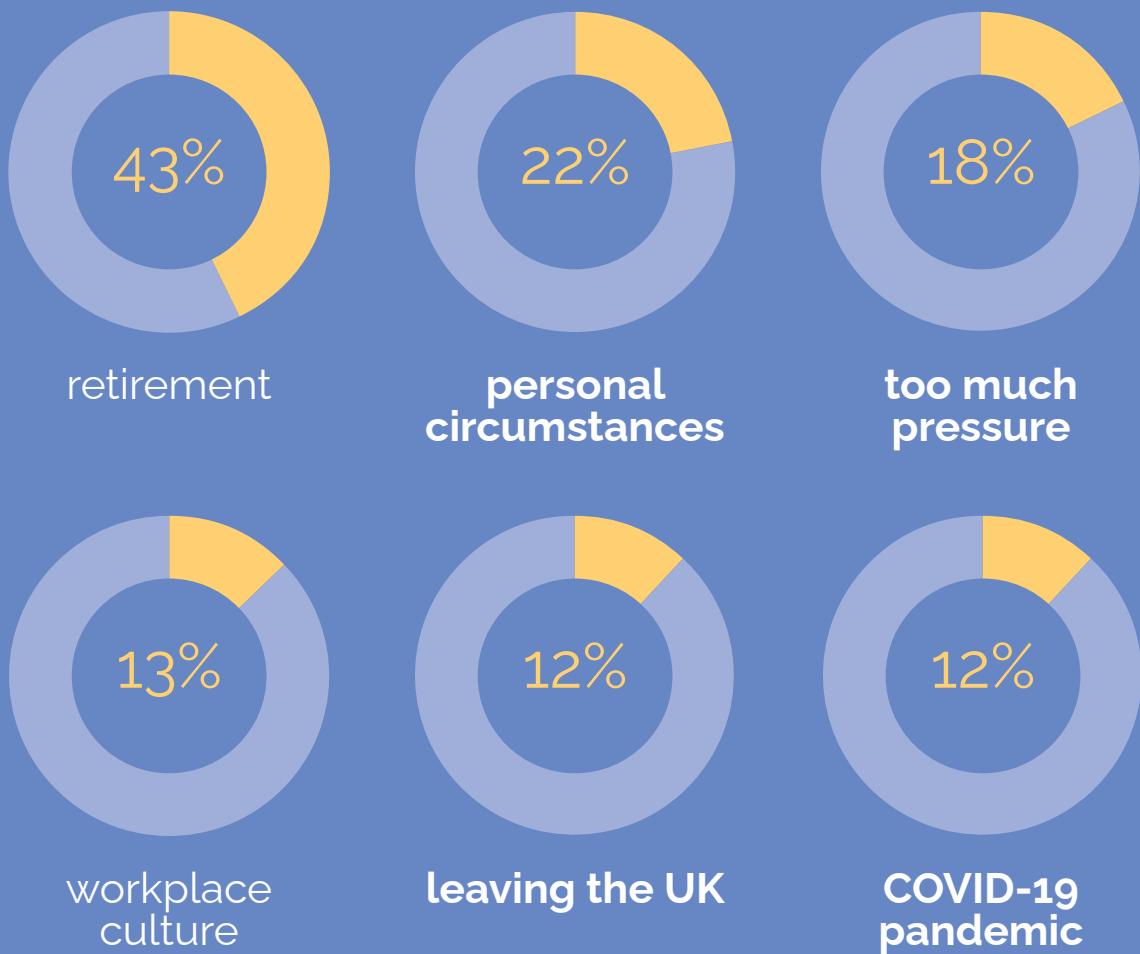
'Poor pay and benefits' was cited as a reason for leaving by only 4% of respondents.

Source: Leavers' survey 2022 – "Why do people leave the NMC register?" NMC, 2022

A recent literature review which examined the reasons for nurses leaving their job or the profession found that job satisfaction is a central factor of nurse retention. It categorised the factors associated with retention into eight broad inter-related themes:

Figure 13:

Factors related to nurse retention: key themes from the literature

Source: Retention of NHS nurses: a scoping review, Prof Jane Ball & Dr Ourega-Zoé Ejebu, Heath Sciences, University of Southampton, first produced May 2021

The review suggested that more nurses could be retained through a combination of:

- having compassionate and caring leaders;
- fostering team cohesion to support wellbeing and professional development;
- providing adequate staff and resources to allow nurses to deliver excellent care;
- supporting nurses at different career stages and recognising the need to adapt what is on offer according to workforce profile;
- paying and rewarding staff fairly, which provides tangible signs of how they are valued;
- investing in tailored education programmes and continuous professional development to enhance skills and career prospects; and
- reducing stress, burnout and job dissatisfaction.

It also highlighted that, as the factors influencing nurse retention are multi-dimensional, a 'one size fits all' intervention is unlikely to work and recommended that interventions should be tailored to the local workforce profile and context[15].

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15 A scoping review into nurse retention, Nursing Times [online] 2022

Finally, in 2017 the Institute for Healthcare Improvement (IHI) published a framework for improving joy in work[16], bringing together evidence of the concepts that contribute to better staff engagement, experience and satisfaction.

Figure 14:

The IHI Framework for Improving Joy in Work
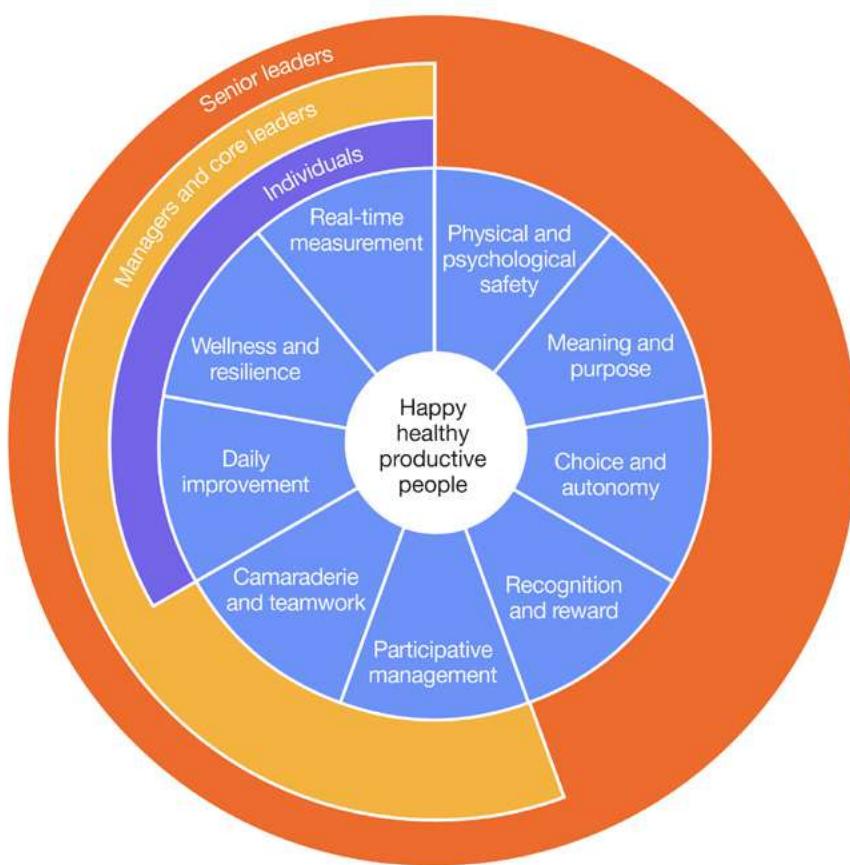
Source: The joy in work framework, developed by the Institute of Healthcare Improvement, reproduced with the kind permission of Perlo et al (2017)

IHI's Framework for Improving Joy in Work proposes actions at an individual level to promote wellbeing and resilience; at team level to promote camaraderie, teamwork and participative management; and at senior leader level to promote physical and psychological safety, reward and recognition, choice and autonomy and connection to meaning and purpose.

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16 Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. IHI Framework for Improving Joy in Work. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017. (Available at ihi.org)

> **❝** *COVID-19 has disrupted the way in which healthcare teams operate and affected the wellbeing and resilience of staff. This makes a focus on staff wellbeing, resilience, teamworking and deeper connection to the meaning and purpose in work even more important in the coming months and years."*
>
> **Source: Shah A, Harken J, Nelson Z "Quality improvement in practice – applying the joy in work framework to healthcare". British Journal of Healthcare Management 2021**

There are many real-world examples that show the impact that adopting IHI's Framework for Improving Joy in Work has had on improving staff retention and reducing vacancy rates.

Case Study A

Reducing nursing turnover by improving joy in work – Royal Free London NHS Foundation Trust[17]

In 2017, Royal Free London NHS Foundation Trust ("the Royal Free") embarked on a project to reduce nursing turnover by improving joy at work. Although the trust appeared to have a healthy recruitment pipeline for nurses and midwives, retaining them was a challenge with turnover highest in the intensive care units (ICU) at Royal Free Hospital and Barnet Hospital, where turnover was in excess of 40%.

A multi-disciplinary team, headed by the Royal Free's Director of Nursing, looked at the reasons why turnover and vacancy rates were so high and what could be done to address these. Work-life balance was one of these. In focus groups, staff said offering flexibility and choice around shifts would improve work-life balance. Electronic self-rostering was key to be able to offer this. Piloted at the Royal Free's ICU in January 2018, it was implemented across 32 inpatient areas from September 2018 to May 2019. Following its introduction, turnover rates significantly reduced showing that improving work-life balance through offering staff greater flexibility and choice supports staff retention.

Figure 15:

ICU nursing turnover – Royal Free Hospital and Barnet Hospital[18]

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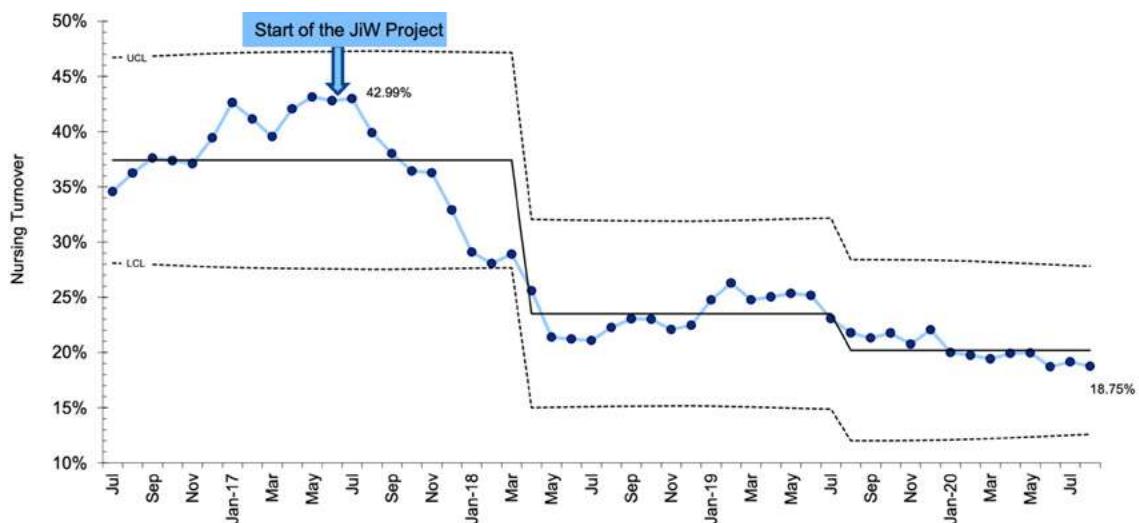
17   NHS England, Looking After Our People – Retention Hub

18   Presentation slides: Joy In Work Q-Community, May 2021

Case Study B

'Happy, healthy and heard' – Dartford and Gravesham NHS Trust[19]

Dartford and Gravesham NHS Trust is one of the largest hospital trusts in North Kent with three sites serving a local population of over 500,00 people.

The COVID-19 pandemic had a huge impact on the physical, psychological, emotional and mental health of its staff and on staff morale which increased vacancy and sickness rates and led to a significant increase in agency costs. The trust embarked on a three-phase programme to deliver its strategic objective of 'Joy at Work':

- Phase 1: Expanding provision to take care of the physical wellbeing of staff
- Phase 2: Ensuring all staff had access to wellbeing spaces
- Phase 3: Reset and recover programme

The aim was to reduce staff sickness and turnover by helping staff feel happier at work, live healthier lives and have their voices heard and, in turn, lead to better patient outcomes.

The programme has delivered great results. The reported increase in job satisfaction has improved retention and reduced vacancy rates, together with a monthly decline in agency spend. The trust is in the top quartile for health and wellbeing in the latest staff survey and has improved its position with regards to staff engagement (from 57th to 35th), and morale (from 58th to 23rd). In April 2022, work-related stress/anxiety sickness levels were at the lowest for a year at 0.6% (target is <1%).

19 NHS Employers, Case Studies - Joy At Work

5. A framework for workforce retention

Based on this desk-based evidence review, we have identified eight key drivers that play a key role in impacting job satisfaction, staff morale and staff retention. These are levers that NHS organisations locally, regionally and nationally should focus on in order to improve staff retention. These have been summarised opposite in the 'framework for workforce retention'.

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Figure 16:

Framework for workforce retention
Eight key drivers.

1. Delivering high quality care

- Safe staffing levels
- Adequate resources, funding, facilities, equipment
- Culture of Quality Improvement

2. Staff wellbeing and resilience

- Identify pressures and 'stressors'
- Reduce burnout
- Improve safety - physical and psychological
- Healthy work environment

3. Work-life balance

- Flexibility - hours, rotas, roles, location, career pathways
- Providing tailored support to the individual

4. Engagement and empowerment

- Giving staff a voice, listening, taking action
- Engagement - advocacy, involvement, motivation
- Autonomy, trust, agency

Retention

Staff Morale

Job satisfaction

5. Reward and recognition

- Pay
- Employee value proposition / non-pay benefits
- Recognition and celebration

6. Sense of belonging

- Relationships and managerial support
- Workplace culture
- Camaraderie and teamwork

8. Compassionate Leadership

- Connection to meaning and purpose
- Participative management
- Trust and respect

7. Bespoke career pathways

- Career progression opportunities
- Personal and professional development

6. Engage to improve

ImproveWell is a real-time digital workforce engagement solution for improvement in healthcare that has been developed in partnership with organisations across the NHS and in the US.

Utilising a smartphone app and a real-time data dashboard, ImproveWell democratises Quality Improvement and puts change-making into the palms of the NHS workforce.

Giving everyone a voice, promoting inclusion regardless of role or background, ImproveWell makes it simple for organisations to capture continuous frontline insights 24/7. With three core feedback systems, staff can share innovative ideas for improvement, share how their workday is going and complete tailored surveys.

The award-winning solution is grounded in three principles: those at the frontline are best placed to improve the systems around them; giving staff a voice and the agency to find solutions to the challenges they face is fundamental to building a collaborative, motivated and resilient workforce; and a happier workforce leads to a better patient experience and improved patient outcomes. This, in turn, boosts morale and increases workforce retention.

Since its launch in 2016, ImproveWell has worked with a diverse range of health and care organisations across the UK and in the US, transforming them into listening organisations by improving staff engagement, increasing staff satisfaction and positively impacting retention.

Over that time, thousands of improvement ideas have been contributed by frontline staff. A sample of these ideas have been analysed against each of drivers in the 'framework for workforce retention' to better understand the role ImproveWell plays in helping its partner organisations with improving workforce retention.

The new analysis showed that 94% of all the ideas contributed via the platform relate to **at least one** of the eight drivers. Over 80% of the ideas relate to two categories – delivering high quality care and staff wellbeing and resilience. This analysis suggests ImproveWell is a tool that is helping organisations improve retention through supporting them in these two key areas.

Figure 17:

ImproveWell – retention key drivers

Retention key driver	% of ideas
1. Delivering high quality care	43.7%
2. Staff wellbeing and resilience	40.1%
3. Work-life balance	8.1%
4. Engagement and empowerment	8.5%
5. Reward and recognition	3.9%
6. Sense of belonging	15.0%
7. Bespoke career pathways	7.1%
8. Compassionate leadership	6.1%
Note: ideas may relate to multiple drivers. Sample size: 3,394 ideas	

It is worth noting that driver number five – reward and recognition, which includes the sub-theme of 'pay' – does not appear to be the primary focus for staff when considering how to 'make tomorrow better'. The findings from this analysis are corroborated by the feedback from ImproveWell's partner organisations.

Case Study #1

East London NHS Foundation Trust[20] (ELFT) and the Royal College of Psychiatrists

ELFT provides mental health, community health, primary care and specialist services to a population of 1.8 million. The trust has been using Quality Improvement (QI) since 2014 as a systematic method to enable teams of staff and patients to work through complex quality and safety issues. This led to an improvement in staff experience and engagement, demonstrated by the NHS staff survey.

However, variation remained across teams and professional groups so, in 2017, the trust used a QI approach using the IHI's Framework for Improving Joy in Work to help achieve the strategic objective of improving staff experience. A total of three cohorts (38 teams) have gone through the 'enjoying work' programme, underpinned by ImproveWell's digital platform.

The evaluation of cohorts one and two of the programme showed that 14 of the 21 teams demonstrated sustained improvement in the proportion of staff who felt they had a good day at work. The trust analysed the change ideas generated by cohort three, mapped to the nine components of the Joy in Work framework.

This showed that although there was representation across all elements, participants particularly favoured ideas relating to wellness and resilience, daily improvement and participative management with ideas relating to real-time management being tested the least. This is consistent with the overarching ImproveWell analysis.

Building on the successes and learnings from ELFT's programme, the Royal College of Psychiatrists in 2021 launched its own national 'Enjoying Work' collaborative to improve workforce wellbeing. This provided opportunities for 38 teams across 16 UK healthcare organisations to understand and test ideas on the factors contributing to joy and wellbeing.

The programme achieved:

- an aggregate **50%** improvement in the percentage of people who enjoyed being at work frequently;

- a **41%** improvement in the percentage of people who experienced no symptoms of burnout; and

- a **38%** improvement in the percentage of people who were extremely likely to recommend their team as a place of work.

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20 Shah A, Harken J, Nelson Z "Quality improvement in practice – applying the joy in work framework to healthcare". British Journal of Healthcare Management 2021

Figure 18:

ELFT change idea themes - mapped to the IHI Framework for Improving Joy in Work

Wellness and resilience (20%)
Real-time measurement (2%)
Physical and psychological safety (7%)
Autonomy and control (9%)
Participative management (16%)
Daily improvement (18%)
Meaning and purpose (4%)
Recognition and reward (11%)
Camaraderie and teamwork (13%)
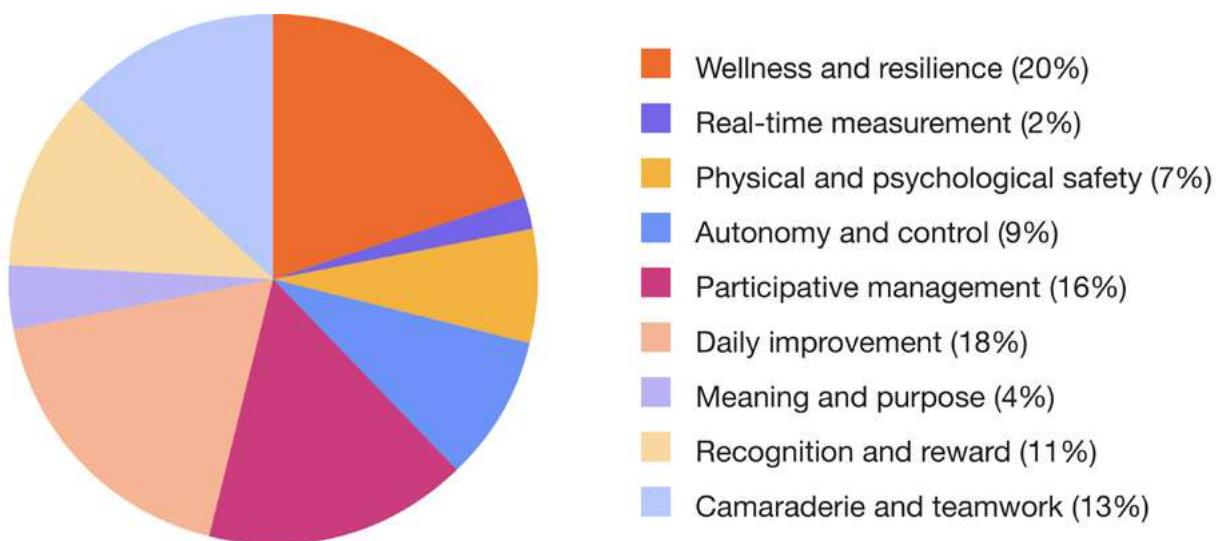
> " *Staff wellbeing, experience and engagement is such an important topic for us all. The evidence from many years of supporting teams to take greater ownership and control of the factors that contribute to their joy in work and wellbeing has shown that approaching this in the structured, systematic way of quality improvement, testing and learning, involving people deeply in the process of change, can deliver astounding results. At a time when the prevailing rhetoric is about poor morale and burnout, these 38 teams have shown we can improve joy and wellbeing, whilst reducing burnout, through a very simple, but powerful approach."*

Dr Amar Shah, Chief Quality Officer, ELFT
National Improvement Lead, Royal College of Psychiatrists

Case Study #2

Orthopaedic Surgery, M Health Fairview, University of Minnesota[21]

M Health Fairview is an integrated academic health system partnership between the University of Minnesota, the University of Minnesota Physicians and Fairview hospitals and clinics based in Minnesota, USA.

Its department of orthopaedic surgery is a large and rapidly growing facility. Expanding its workforce by a combination of attracting new staff to the facility and retaining existing staff is critical to its success and central to ensuring that all staff have a positive experience.

In 2017, in response to feedback from staff that they felt that they were not being heard or supported, the team implemented the ImproveWell platform to improve staff engagement and enhance the culture to encourage and facilitate innovation. It was not long before a significant change was witnessed. Through the process of using ImproveWell and responding on a continuous basis to the ideas contributed, the department saw a marked improvement in its employee engagement scores, specifically around three questions relating to innovation and autonomy.

In the 2019 survey:
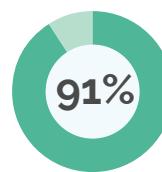
91% of respondents felt they were encouraged to be innovative in finding more effective ways of doing something, compared to 67% in 2017.
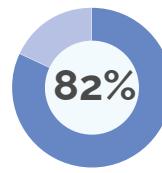
82% of respondents believed their departments used innovative approaches to improving internal effectiveness, compared to 65% in 2017.
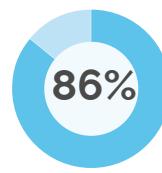
86% of respondents felt that the department had a strategy and goals that addressed the most important challenges and opportunities, compared to 67% in 2017.

Source: Shah A, Harken J, Nelson Z "Quality improvement in practice – applying the joy in work framework to healthcare", British Journal of Healthcare Management 2021

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21 Interview with Joy Harken, Department of Orthopaedic Surgery, University of Minnesota

Most of the ideas contributed come from frontline staff. They are practical, solution-focused and can be implemented. The two most common themes have consistently been around workplace culture, especially work-life balance, and care delivery and improving the quality and safety of patient care.

Some ideas, such as the introduction of an electronic fax to replace a paper-based system, are 'quick wins' and relatively simple to progress and implement. Others, such as the shift to remote working during the pandemic and hybrid working post-pandemic, have been more complex to deliver. Many of those who have contributed an idea have gone on to take up a new role linked to its delivery, providing enhanced opportunities for career progression.

ImproveWell made a huge difference during the COVID-19 pandemic, helping to keep people and teams connected and supporting them in developing and implementing solutions to overcome the challenges of working remotely.

> *Having this solution-based mindset really empowers employees to get involved and participate in quality improvement. Our teams are feeling like their voice matters, like their leaders want to know what can be solved.* ***There are lots of stories where the ideas that came in through ImproveWell were possible to advance where the people who worked on them gained professional development. When people are connected to others at work it builds retention – when people like who they work with they don't want to go and do another job elsewhere.***"

Joy Harken, Department of Orthopaedic Surgery, University of Minnesota

Case Study #3

Burns Service, Chelsea and Westminster NHS Foundation Trust[22]

Chelsea and Westminster is one of the top ranked and top performing hospital trusts in the UK. It employs more than 6,000 staff across its two main hospital sites – Chelsea and Westminster Hospital, West Middlesex University Hospital – and 12 community-based clinics within North West London.

Its specialist care includes the world-renowned burns service, which is the leading centre in London and the South East. The burns service multi-disciplinary team includes dedicated burns consultants, intensivists, anaesthetists, specialist nurses, occupational and physical therapists, psychologists, pharmacists, dieticians and a social support team. As well as delivering a specialist service, this team supports the acute services within the trust as well as providing a burns outreach service across the network.

The burns service's journey with ImproveWell started during the COVID-19 pandemic when the platform was introduced at the NHS Nightingale Hospital London surge hospital to support the development of a new Bedside Learning Coordinator (BLC). Having experienced first-hand how it provided opportunities for staff to be engaged and be part of a process to create and support change, the burns service Matron decided to introduce ImproveWell to her own team at Chelsea and Westminster as a tool to support the adaptation and development of the BLC role for quick pace change[23] into a team-led service management style, building a culture that supports quality and improvement in everyday working.

The team was able to access and log in to the ImproveWell app where staff have the ability to share how they are feeling and the problems they are facing with their daily role along with ideas on how to make an improvement to the service. Weekly meetings were set with the senior multi-disciplinary team to work through ideas and feedback with comments and outcomes. Alongside feedback within the app, monthly reports were generated, published on the app and printed to be placed on the wall for all staff to see changes implemented.

Project data over eight months showed 51 ideas to improve the burns service were fed into the systems from a range of staff and patients. Ideas suggested ranged from quick fixes to those that

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22   Interview with Nicole Lee, Burns Matron, Chelsea and Westminster Hospital NHS Foundation Trust

23   Shand et al, 2020 Systematically capturing and acting on insights from front-line staff; the Bedside Learning Coordinator.

require wider engagement across the trust. After nine months, 27 projects were completed, 17 underway and seven not yet started. 'Patient experience' was the highest rated project theme, followed by 'patient safety', 'cost saving' and 'time efficiency'.

Staff and patient feedback has been positive, particularly with respect to staff feeling listened to and engaged in the process of developing the service which, indirectly, has a strong impact on staff retention.

During the first year of implementing ImproveWell, the burns service saw significant improvement both in the number of staff who feel they can easily share ideas (from 57% to 91%) and those who feel their ideas were listened to (from 57% to 72%).

Some ideas have more directly led to changes that have had a positive impact on recruitment and retention. For example, adapting a clinic and ward staffing to create roles that fit around childcare arrangements.

Following the successful adoption of ImproveWell by the burns service, the platform has now been rolled out to the trust's intensive care unit.

ImproveWell is part and parcel of my leadership and management style - it's a tool that helps me to manage and engage with my staff and gives me real-time feedback on how staff are feeling. It's easy to use and saves me hours – effectively it does the job that I would otherwise need to employ a BLC or team to do.

Making staff part of the process to create and support change makes a huge difference… if it comes from them and is fed by them, then the change process and the resistance to change is hugely different to me going in and saying to me going in and saying we want to make a change in the service."

Nicole Lee, Burns Matron, Burns Service, Chelsea and Westminster Hospital NHS Foundation Trust

Case Study #4

Rosebrook Psychiatric Intensive Care Unit, Southern Health and Social Care Trust[24]

Southern Health and Social Care Trust provides health and social care services across the five council areas of Armagh, Banbridge, Craigavon, Dungannon and Newry and Mourne in Northern Ireland.

Rosebrook is the trust's Psychiatric Intensive Care Unit (PICU) providing care and treatment to adult patients. The ward is supported by a multi-disciplinary team that includes a consultant psychiatrist, nursing staff, an occupational therapist, a social worker and a pharmacist.

In June 2022, with staff morale at an all-time low, staff turnover at an all-time high and no formal mechanism for staff to feed back what could be improved, the Rosebrook unit introduced the ImproveWell app. The aim was to not only to give staff a voice and collect improvement ideas, but also to help to transform the culture in the unit. Since then, many improvement ideas have been suggested and adopted, mainly focused on improving quality, team camaraderie and facilities for staff and patients, as well as staff being recognised for good work.

The results speak for themselves. Six months post-launch Rosebrook staff were surveyed for feedback on the introduction of the platform. 100% of staff surveyed said they agreed/strongly agreed that ImproveWell gives them a voice, they would recommend the app to other staff, it has been a useful addition to the ward they work in and that adopting ImproveWell has led to a positive change in the working environment.

The unit has also seen a substantial reduction in staff turnover. In 2021/22, before the introduction of ImproveWell, 18 substantive staff left (one who retired) while in 2022/23, only two staff left (one returned to agency work, one who retired but remains on the trust bank).

A great example of how giving staff a voice and a greater sense of control can help organisations improve staff satisfaction and retention.

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24 ImproveWell Community Forum – Urgent and Unplanned Care Webinar

" *Staff were feeling disempowered, not listened to. They were working very, very hard. But they were caught in a cycle of reporting the same problems, trying the same solutions, and there was a top-down approach. We were haemorrhaging staff - people simply didn't want to work here.*

"Just starting the process changed the dynamic – staff knew their worries were being taken seriously and that they were the best ones to find solutions. Efforts to innovate and improve our services came down to really listening, learning and acting on what we heard from both service users and staff. And the ImproveWell app is primarily about listening to staff.

"In the last 12 months we haven't lost a single staff member. Recruitment has been successful. There's a change in how others perceive our team. And it's a place where people want to come to work. That's a clear sign that our aim of improving culture on the ward is working."

Leigh Ferris, Deputy Charge Nurse, Rosebrook Psychiatric Intensive Care Unit, Southern Health and Social care

7. Conclusion

Ensuring the NHS has sufficient people with the right skills to meet increasing demand for care from a growing, ageing population is a strategic priority for everyone in the health and care system.

While attracting and recruiting new staff is critical, if the NHS does not take urgent action to improve the retention of existing staff the shortfall will not only persist, the workforce gap will widen; placing even greater pressure on existing staff and adversely impacting the quality of care, patient experience and patient outcomes.

Multiple factors influence an individual's decision as to whether to stay working in the NHS. Research suggests the most common of these include not being able to deliver high quality patient care, work-life balance, their own health and wellbeing and having a sense of control and being heard.

Pay and reward, while important, are generally not the primary reasons why people leave.

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These same factors impact job satisfaction and staff morale. Whilst some factors, such as pay and reward, are difficult to address locally at team or organisational level, evidence suggests that there are many other levers that leaders and managers can pull to improve the morale, satisfaction and retention of staff locally.

And although there is no one simple fix...

...the experience of the ImproveWell community has been that implementing a digital platform that engages and gives staff a stronger voice and encourages and enables them to suggest ideas that improve their daily working lives, the quality of the care and patient experience they deliver as well as improving their own health, wellbeing and enjoyment of work can have a significant impact on retention.

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