

## **Recommendations from the South West Clinical Senate Council on healthcare workforce retention post-COVID, and lessons learned from actions taken by organisations during the COVID-19 pandemic, that were valued by the workforce.**

**24 November 2022**

### **1.0 Background**

'Workforce' has re-emerged as a deliberative topic for the Senate Council and this is wholly relevant considering the current challenge of the workforce across both health and care sectors.

The Clinical Senate notes that the workforce has been a key component within recent service reconfiguration proposals, as have often been precipitated by Systems experiencing workforce challenges.

Crucial to the delivery of safe and sustainable patient care, is having the right levels of skilled workforce. Systems and organisations need to secure and retain a competent and confident workforce to enable them to deliver healthcare services that are both safe and sustainable.

Whilst the challenges around addressing the current shortfall in the health and care workforce are many and complex, it is important to remember that this is not a new issue.

In 2018, the Clinical Senate Council held a deliberative session on workforce, and the recommendations that came from that session were:

- The requirement for a national workforce strategy.
- The importance of retention, as part of a wider workforce approach. This is important to note because, at the time, the focus was on recruitment as the approach to addressing workforce issues.
- The importance of investment into the social care workforce, to support the health care workforce.

However, there has been little progress regarding a workforce strategy or investment into the social care workforce.

In 2020, the Clinical Senate revisited the topic when it was asked to review the learning from COVID which included some workforce-related observations, as a result of operating differently in response to the COVID pandemic:

- There were positive and supportive behaviours amongst staff and much greater shared decision making which was valued greatly by staff during the pandemic.
- Staff well-being was a huge focus during the pandemic, and there is a request to continue to prioritise this. This is an important signal about valuing the workforce.

In 2022, it seems that some of the lessons learned in the last couple of years during the COVID pandemic have been forgotten and these need to be brought back into sharp focus.

The NHS is experiencing significant workforce challenges which have worsened since the pandemic. There is a nationwide shortage of skilled healthcare professionals which creates challenges for recruitment, the existing workforce is under extreme pressure due to increasing high demand since the pandemic, and against a backdrop of limited workforce capacity due to chronic vacancies, high levels of staff sickness absence, and attrition.

Addressing these workforce challenges is a priority for the NHS and the NHS Long Term Plan sets out an ambition to address chronic vacancies and develop new roles to meet future needs.

This report will focus primarily on workforce retention as a key element in responding to the challenges surrounding workforce.

## 2.0 The National Context

Workforce retention is a key priority across the NHS as outlined in the NHS People Plan<sup>1</sup> and the NHS Long Term Plan<sup>2</sup>. Ensuring that the workforce feels valued and has the opportunity to develop is crucial to retention and health and care organisations need to provide their workforce with access to support and development opportunities to enable them to achieve their career ambitions.

### The NHS National Retention Programme (NRP) 2022 - 2023

The NHS National Retention programme (NRP) was established in 2020 and works to improve staff experience and retention. The programme works nationally and across the 7 regions to help organisations and systems achieve tangible improvement in staff retention. This activity is now extended beyond the NHS to include Care. It is about developing an approach that will work to retain people in the NHS and Care – from a

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<sup>1</sup> [NHS England » NHS People Plan](#)

<sup>2</sup> [NHS Long Term Plan](#)

systems perspective.

The Programme priorities for 2022/23 are:

- ICS Workforce Retention Lead established in each system in the South West (funding has been made available for these exemplar sites)
- Ensuring that there is a system-wide implementation of retention practices
- Ensuring that there are system-wide retention plans so that there is a joined-up approach.

#### National Retention programme priorities for 2022-23



Figure 1: National Retention programme priorities for 2022/23 (ref. Hackett, A., MacKay, K. 2022. *We can't recruit our way out of this: Why staff experience and retention are key*. South West Clinical Senate Council meeting, 24 November 2022, Online)

#### The People Promise Exemplar Programme

The People Promise<sup>3</sup> sets out in the words of NHS people, what will most improve their working experience and make the NHS the workplace we all want it to be. The People Promise Exemplars<sup>4</sup> are 23 organisations (a mix of acute, community, and mental health organisations) that are working closely with NHS England national and regional retention teams to deliver the interventions set out in the People Promise, to achieve improved outcomes in terms of staff satisfaction and retention. (See Figure 2)

<sup>3</sup> [NHS England » NHS People Plan](#)

<sup>4</sup> [NHS England » Regional Retention Focus](#)

## • People Promise Exemplar Programme - Overview



**Hypothesis:** To improve the experience of our people and to ensure they stay well in the NHS for longer, we all need to take our part in **cultural transformation** and to this end we would like to **test a working hypothesis** via the **People Promise Exemplar Programme**: the way to improve staff experience and retention is to ensure we have optimal delivery of all the People Promise themed areas in every organisation and system.

### Programme Purpose

- To test the assumption that optimum delivery of all NHS People Promise interventions delivered in one place simultaneously can deliver improved staff experience and retention outcomes - beyond the sum of the individual components.
- From April 2022, 23 trusts across the country used an evidence-based assessment tool to identify gaps across all 7 areas of the People Promise, and started to work on embedding practices where there were gaps, supported by a national intensive programme and resource
- 3 trusts within the SW region are part of this work: Salisbury FT, Somerset FT (including Yeovil due to forthcoming merger) and Royal Cornwall Hospitals.

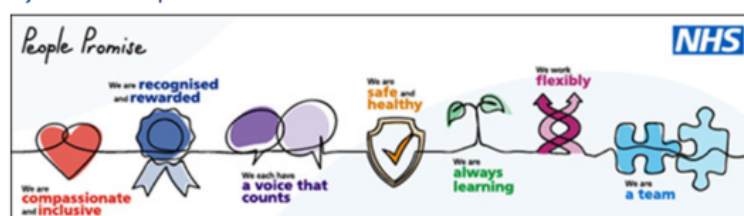


Figure 2: People Promise Exemplar Programme - Overview (ref. Hackett, A., MacKay, K. 2022. *We can't recruit our way out of this: Why staff experience and retention are key*. South West Clinical Senate Council meeting, 24 November 2022, Online)

A self-assessment tool<sup>5</sup> has been developed to help organisations carry out a self-assessment against the 7 elements of the NHS People Promise plus key elements that support staff to deliver high-quality care and enhance job satisfaction and the retention of nurses and midwives. It identifies identify areas where organisations need to focus their activities. (See Figure 3)

We identified 5 high impact actions for organisations to implement to improve the experience of nurses and midwives.



Figure 3: Nursing and Midwifery self-assessment tool (ref. Hackett, A., MacKay, K. 2022. *We can't recruit our way out of this: Why staff experience and retention are key*. South West Clinical Senate Council meeting, 24 November 2022, Online)

<sup>5</sup> [NHS England » Nursing and midwifery retention self-assessment tool](#)

## Approaches to Workforce Retention

A desktop review undertaken by the Department of Health and Social Care (but not a published report) shows that there are relatively few studies showing evidence-based interventions that aid retention. Certainly, the challenges around political stability and continuity of programmes impact measurability, as often measurement stops before things are properly embedded, and this reduces the ability to draw conclusions. However, a synthesis of published research, suggests that 3 factors influence the success of retention interventions. These are initiatives that focus on orientation for people starting in their careers including their experience of onboarding, the organisation's leadership style and the way people interact with one another, and the multiple interventions that the organisation must support retention. (See Figure 4).

### Synthesis of existing research: Successful retention interventions



There is very little evidence-base showing what works for retention. However a synthesis of published research that does exist suggests that 3 factors influence the success of retention interventions...

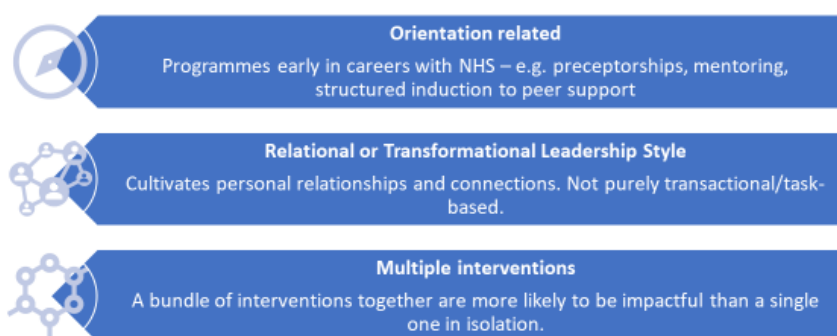


Figure 4: Synthesis of existing research: successful retention interventions (ref. Hackett, A., MacKay, K. 2022. *We can't recruit our way out of this: Why staff experience and retention are key*. South West Clinical Senate Council meeting, 24 November 2022, Online)

Workforce retention approaches are more successful when they address the different needs of the workforce. These needs can be placed within Maslow's Hierarchy of Needs (as seen in Figure 5 below). The very basic of these needs would be those that fall within the Physiological Needs which are to do with the working environment, exercise & self-care, and more recently pay is being cited as a reason that people have left or stayed in light of the cost of living crisis. At the top of this spectrum, staff need self-actualisation which includes the opportunity for career growth, the opportunity to make a difference, and being able to leave a legacy behind.

## Retention Hierarchy of Needs

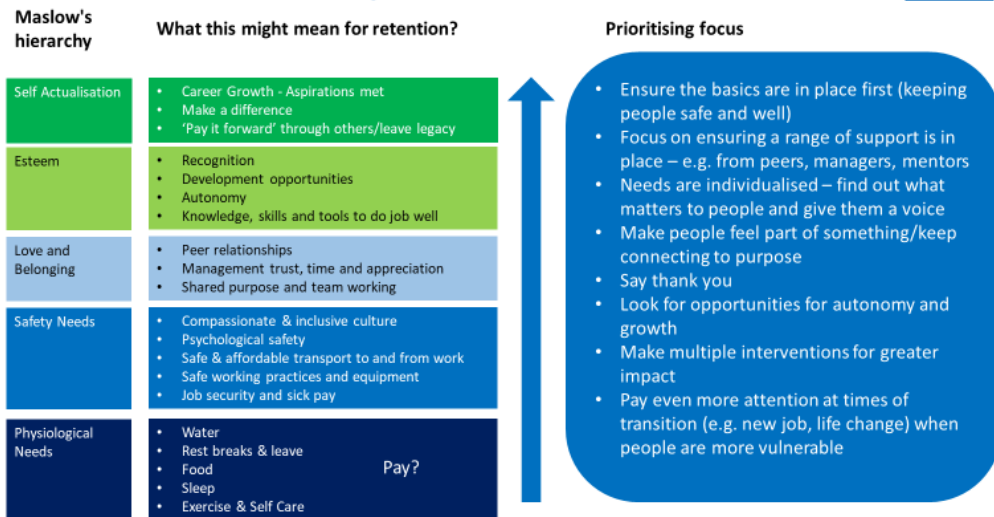


Figure 5: Retention Hierarchy of Needs (ref. Hackett, A., MacKay, K. 2022. *We can't recruit our way out of this: Why staff experience and retention are key*. South West Clinical Senate Council meeting, 24 November 2022, Online)

## 3.0 The Regional Context

The council heard reflections from colleagues within the NHS England South Workforce team, the Director of Nursing Leadership and Quality Improvement, NHS England, a trainee doctor working at Royal United Hospitals Bath NHS FT, and the Citizens' Assembly (the patient and public partners) of the South West Clinical Senate on the current workforce challenges and the impact on healthcare services and patient experience and outcomes in the region

### 3.1 Reflections from the NHS England South West Workforce team

Alison Hackett, Head of Staff Experience, and Kate MacKay, Regional Retention Manager from NHS England South West region shared insights into the work that had been undertaken by NHS England South West on workforce retention.

The issue of workforce retention was explored from the lens of staff experience: looking at health and well-being, staff engagement "employee voice", and the staff survey results. This included lessons learned during the COVID-19 pandemic and insights into what works to improve staff retention.

#### The regional context

The NHS South West Operational Workforce Report dated August 2022 includes the regional key statistics for workforce supply and sickness absence. The graph (see Figure 6) shows that the South West region is operating at approximately 17.5K WTE under the total funded establishment due to high levels of staffing absence, high annual leave



balances,<sup>6</sup> and 9.8k WTE vacancies. Agency and Bank staff are being used to try to cover the shortfall in the workforce however this is circa 13.5% under the funded establishment which is driving some of the workforce capacity challenges in the region.

One potential cause is organisation downsizing; and, thereby, requiring 'more from less' from the remaining employees, has resulted in pressure against taking accrued leave. The business does not maintain sufficient staff to cope with employees being absent for their four weeks a year of annual leave.

Managers may overtly or covertly place pressure on employees not to take leave because 'we will not be able to cope at that time'. Employees then fear that no-one is likely to do their work while they are on leave and that they will return to a huge backlog and have to work long hours to catch up

Sickness absence is a key contributor to the challenges around workforce capacity. Sickness absence for the month stands at 4.9% which is an increase of 0.6% from the previous month and a decrease of 1.1% from the previous year. Figure 7 below shows a breakdown in the number of days lost due to COVID-related, S10 anxiety/stress-related, and S12 other musculoskeletal problems.

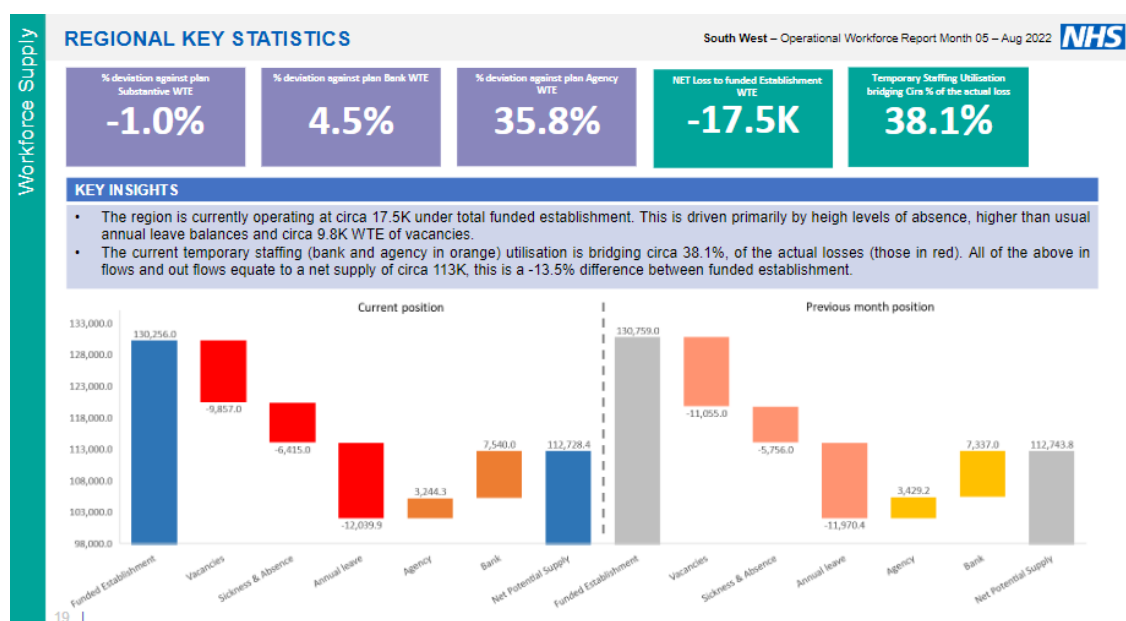


Figure 6: Workforce Supply, South West – Operational Workforce Report Month 05, Aug 2022 (ref. Hackett, A., MacKay, K. 2022. *We can't recruit our way out of this: Why staff experience and retention are key*. South West Clinical Senate Council meeting, 24 November 2022, Online)

<sup>6</sup> This is excessive accrued annual leave by workforce. A definition by Fairwork Australia is that "an annual leave balance is considered 'excessive' if an employee has more than: 8 weeks of annual leave, or 10 weeks of annual leave if they are a shiftworker". [Annual leave - Fair Work Ombudsman](#)

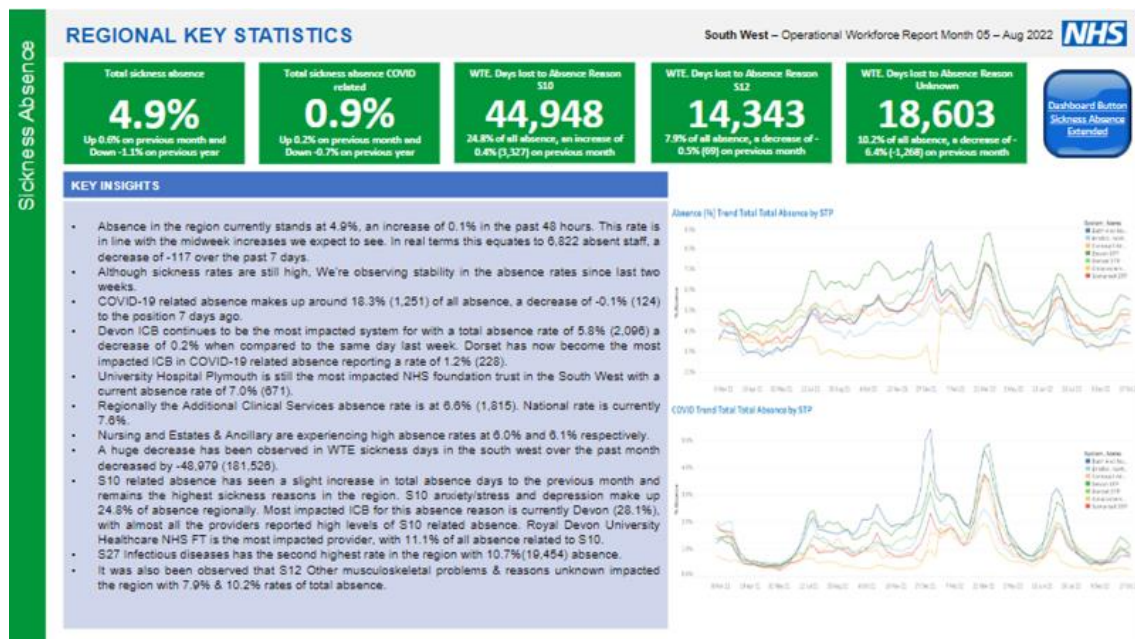


Figure 7: Sickness Absence, South West – Operational Workforce Report Month 05, Aug 2022 (ref. Hackett, A., MacKay, K. 2022. *We can't recruit our way out of this: Why staff experience and retention are key*. South West Clinical Senate Council meeting, 24 November 2022, Online)

## The workforce challenges

The South West Region Workforce and OD Team Overview Report dated November 2022, identified 5 workforce challenges that need to be addressed, to make any significant change to the regional key statistics. These are attendance, recruitment, industrial action, cost of living, and retention. (See figure 8).

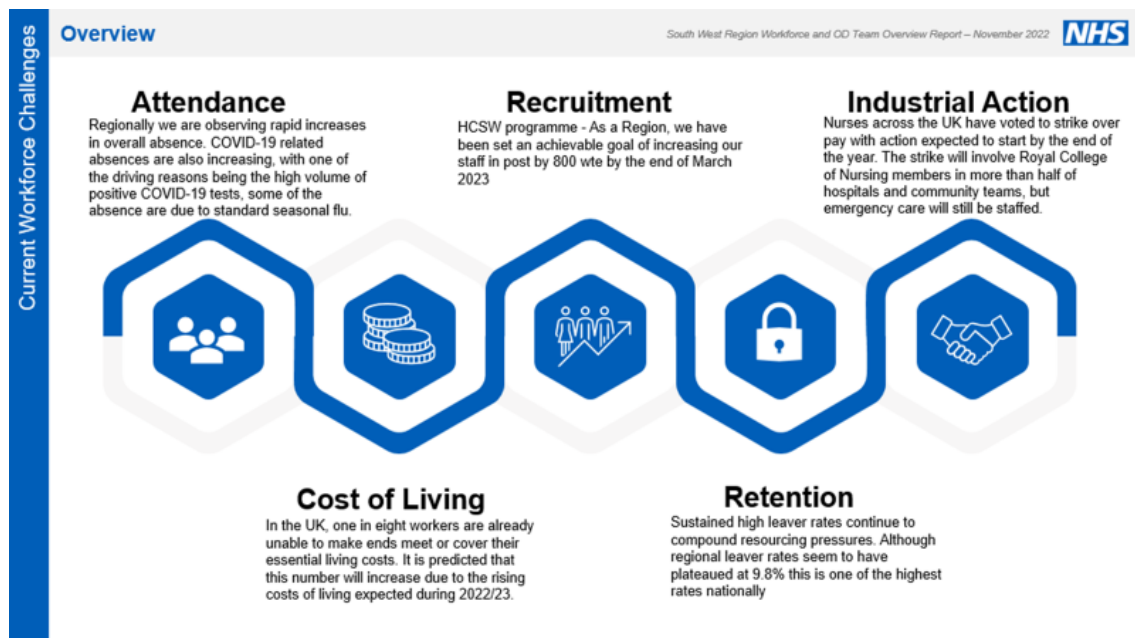


Figure 8: Current Workforce Challenges South West Workforce and OD Team Overview Report November 2022 (ref. Hackett, A., MacKay, K. 2022. *We can't recruit our way out of this: Why staff experience and retention are key*. South West Clinical Senate Council meeting, 24 November 2022, Online)



## Reflections from the COVID-19 pandemic

The COVID-19 pandemic impacted the workforce and the ways of working (both positive and negative changes that were made) in several ways which are listed below:

- Initially, staff chose to stay in the organisation (even when they had planned to leave) to help and support the NHS and as a result, retention rates improved from Spring 2020 - Spring 2021. However, these have since continuously fallen until April 2022.
- The staff concerned about high staffing shortages and not having enough time to do their jobs. These concerns grew through successive COVID waves. These remain two of the biggest staff concerns.
- Staff are now proactively seeking job opportunities outside of the NHS
- There is low confidence that working conditions will improve – highlighted by the recent talks of possible strike action
- Large numbers of staff report tiredness and low energy, physical exhaustion mental exhaustion and feeling overwhelmed and attribute this to their NHS job.
- Take up of well-being offers increased during COVID but remains patchy and is not available uniformly.

## The importance of Staff Experience

Staff experience includes everything that happens to a member of staff from recruitment and throughout their employment until the point at which they leave the organisation. It involves culture, benefits, physical work environment, and tools provided for employee success. Staff experience is a pointer for how an organisation is perceived by the existing and prospective workforce. When excellent staff experience is achieved, staff become inspired to be the best they can be, at work which in turn delivers improved and safer patient care. To achieve excellent staff experience employers must create an environment where staff can succeed, and feel valued, supported, and encouraged. Great staff experience links not only to patient care but also helps improve workforce retention – building a competent and confident workforce.

The purpose of the NHSE SW Staff Experience team is to enable a great staff experience and thereby making the SW the best place to work, and thereby enabling high standards of patient safety. The team's remit covers health and well-being, engagement, and retention, but links closely with EDI, Recruitment, and Talent/ Leadership.

## Staff Surveys

The NHS annual Staff survey results for 2021 show that the positive gains that were made in 2020 with regard to health and well-being have not been sustained. There is a rise in presenteeism with staff coming to work when they feel ill and there is less positivity about

health and well-being interventions. This is against a background where the priority message from leadership is about the workforce capacity gap is the biggest challenge. It is important to note that interventions on their own will not result in the desired improvements around well-being and staff experience, without steps taken to increase workforce capacity.

In addition, quarterly pulse surveys are sent out to all staff. Feedback from the July 2022 survey highlighted that staff wants communication to be improved and to feel that concerns raised are listened to and actioned, upon by management. Other concerns raised relate to high workloads, staffing, and sickness absence which has further impacted workload levels, whilst some respondents reported that they are thinking of leaving the NHS. There were concerns about the impact of COVID on services and staffing, and some mentioned pay and benefits, and the cost of living.

### Health and Wellbeing

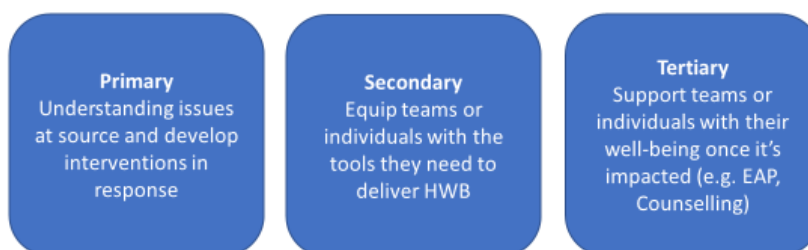
Health and well-being interventions within the organisation can be clustered around 3 main areas:

- **Primary interventions:** these are proactive approaches - understanding the issues and developing interventions to prevent health and wellbeing issues. These can be linked to regulatory requirements i.e. discharging responsibilities under health and safety legislation
- **Secondary interventions:** these are proactive approaches - equipping teams or individuals with the tools that they need to deliver health and well-being.
- **Tertiary interventions:** these are reactive approaches, providing support for teams or individuals after their well-being has been affected (see figure 9).

## Approaches to health and wellbeing



- Interventions on health and wellbeing can be clustered around three main areas:



**Our focus and aim is to move upstream to primary interventions, but we also help shape and deliver secondary and tertiary interventions**

- Primary interventions can often be linked back to regulatory requirements, especially on discharging responsibilities under health and safety legislation –our approach supports compliance and a philosophy of continuous improvement.

Figure 9: Approaches to health and wellbeing (ref. Hackett, A., MacKay, K. 2022. *We can't recruit our way out of this:*

The health and wellbeing programme aspires to create a consistent health and wellbeing culture across the NHS. However, this will only be achieved if the right behaviours are in place at all levels of the organisation:

- Leaders must lead and manage with compassion, prioritise health and wellbeing, and adopt a preventative approach to the health and well-being of their workforce.
- Line Managers must engage their teams in health and well-being conversations so that issues can be quickly identified and responded to.

It is important to note that creating and enabling a health and well-being culture does not rest solely with the leadership and management, staff also have a role to play – speaking out when their health and well-being are compromised, and by reaching out and checking in with peers to have health and wellbeing conversations.

Organisations need to take an organisational approach to health and wellbeing and cannot rely solely on individual-led approaches to address health and wellbeing. These approaches rely on individuals to determine what help and support they need, at any given time, and often as these are confidential – organisations cannot rely on these as a source of information, to understand how they can improve the working arrangements for its staff.

#### [Impact of COVID-19 pandemic on staff wellbeing: the literature review](#)

The NHS England SW Workforce team undertook a literature review of several studies around the impact of COVID on staff well-being. The findings show that organisations should take a proactive, preventative approach to health and wellbeing. It also emphasises the importance of getting the basics right with practical and physical support for staff as well as embedding initiatives such as health and wellbeing conversations.

The findings from the review reinforced priorities around the creation of a positive health and well-being culture, and the role of leadership.

The team is focused on the strategy for Growing Occupational Health and Well-being which has brought together the different aspects for long-term and sustainable change.

The focus has been on preventative measures to support the development of a health and well-being culture (see figure 10):

# Organisational HWB checklist – what we know works



<b>Environment</b>
<ul style="list-style-type: none"> <li>• Appropriate and accessible rest spaces</li> <li>• Access to appropriate PPE at all times</li> <li>• Accessible water points</li> <li>• Accessible toilet and changing facilities</li> </ul>
<b>Managers and leaders</b>
<ul style="list-style-type: none"> <li>• Wellbeing Guardian appointed and helping to set HWB agenda by understanding organisational priorities, informed by Model Health System</li> <li>• Health and wellbeing conversations promoted and encouraged</li> <li>• Role-modelling of high quality wellbeing conversations</li> </ul>
<b>Relationships</b>
<ul style="list-style-type: none"> <li>• Development of wellbeing champions and opportunities to access proactive wellbeing activities and support</li> </ul>
<b>Improving personal health and wellbeing</b>
<ul style="list-style-type: none"> <li>• Signposting to available HWB offers at local (e.g Occupational Health), ICS, regional (e.g. Mental Health Hubs) and national level (e.g access to financial support)</li> <li>• Active promotion of local Mental Health Hub</li> <li>• Emotional support that is culturally sensitive and meets the diverse needs of the workforce</li> </ul>
<b>Professional wellbeing support</b>
<ul style="list-style-type: none"> <li>• Annual leave policy ensures staff have regular time off for rest</li> <li>• Staff are encouraged to participate in health and wellbeing training and development opportunities and given the time to do so</li> <li>• A communications plan for HWB is in place, which includes regular information on the support available and progress being made</li> <li>• Effective and compassionate risk assessments for at risk staff (such as those who are clinically extremely vulnerable)</li> <li>• Occupational Health Service provider sharing how it can support teams and individuals</li> <li>• Support following distressing incidents/interactions e.g. through Compassionate Conversations</li> </ul>
<b>Data insights</b>
<ul style="list-style-type: none"> <li>• Engaging with staff to understand other support needed - e.g. childcare support and support for working carers</li> </ul>

Figure 10: Organisational HWB checklist – what we know works (ref. Hackett, A., MacKay, K. 2022. *We can't recruit our way out of this: Why staff experience and retention are key*. South West Clinical Senate Council meeting, 24 November 2022, Online)

Listed below is a list of support and interventions that are available for staff who may be in a crisis and need immediate help, and signposting to offers that are available to staff 24/7 who may need time to consider their best option. There is also dedicated support for line managers, in terms of looking after their well-being and supporting the well-being of their colleagues.

The team works at a system level and closely with system workforce leads on a range of workforce issues. The team has enabled £7 million worth of funding into the region to support several ongoing projects around culture, staff surveys, occupational health, health and wellbeing guardians, etc.

## What we've done already: Regional Team Support

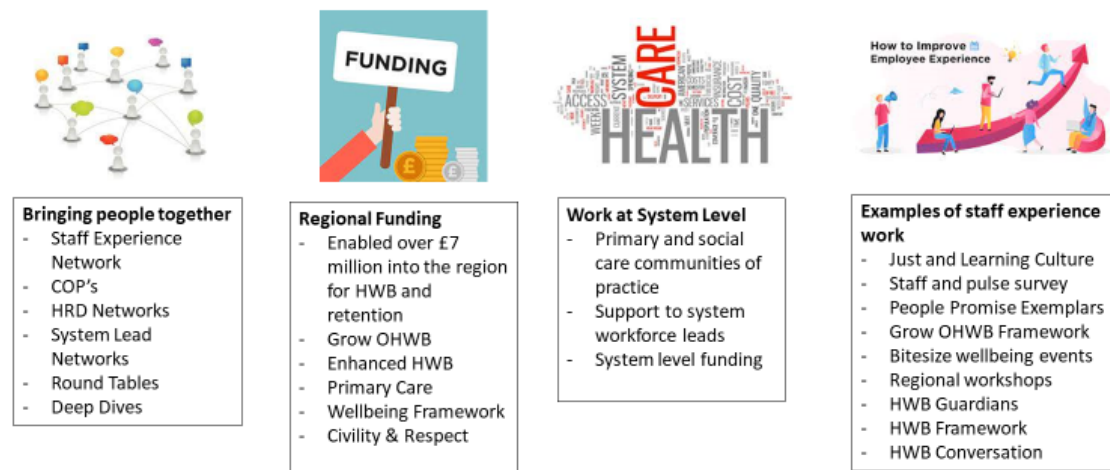


Figure 11: What we've done already: Regional Team Support (ref. Hackett, A., MacKay, K. 2022. *We can't recruit our way out of this: Why staff experience and retention are key*. South West Clinical Senate Council meeting, 24 November 2022, Online)

### Workforce Retention (South West Region)

Workforce retention is a key element in addressing current workforce capacity challenges in the NHS. Between August 2021 – July 2022, approximately 18,000 FTE left NHS Trusts in the SW region (of which over 12,000 left the NHS overall), this is important given the challenges around the recruitment of a skilled healthcare workforce. Staff turnover for November 2022, is 14.6% - this is the same as the previous month but up 2.3 % on the previous year. The data shows that the NHS loses 70% of its workforce in the first five years of employment. This is sobering when thought is given to the investment made in training given to every nurse, doctor, and health practitioner that joins the NHS. In addition, it is important to note that staff over 20% of staff are aged over 55 years, and retirement of staff within this cohort presents a real risk, with the numbers dropping off significantly. Therefore, the key areas of focus for retention strategies are staff that is in their 'early' or 'late' careers. (See Figure 12 below)



# Retention – SW Regional facts and figures



- Approx. 18,000 FTE left NHS trusts in the SW between Aug 21 and July 22, of which over 12,000 left the NHS overall.
- We remain at historically low retention rates (i.e. high leaver rates), although there are early signs of a stabilisation
- We lose more people per year in their second year of employment with the NHS than at any other time. There is variation by staff group.
- If people stay beyond 5 years, they are likely to stay with us for a lot longer
- Our average age of leaving is 43 and our average age is 43, with our staff numbers starting to decrease after 55.
- 21.3% of our staff are aged 55 or over – i.e. high numbers at risk of employment
- Key areas of focus for retention are therefore staff in their early and late careers.



Figure 12: Organisational Health and Wellbeing checklist – what we know works (ref. Hackett, A., MacKay, K. 2022. *We can't recruit our way out of this: Why staff experience and retention are key*. South West Clinical Senate Council meeting, 24 November 2022, Online)

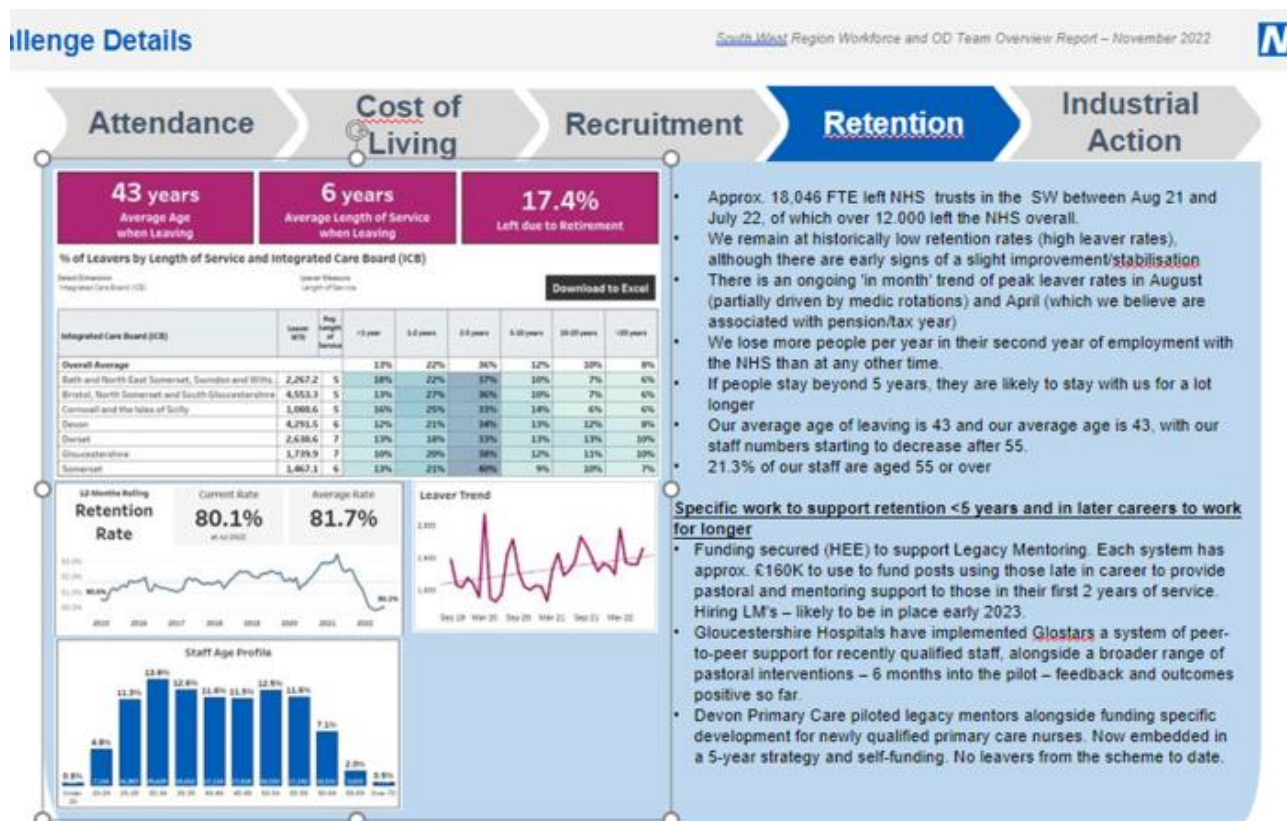


Figure 13: Challenge details -South West Workforce and OD Team Overview Report November 2022 (ref. Hackett, A., MacKay, K. 2022. *We can't recruit our way out of this: Why staff experience and retention are key*. South West Clinical Senate Council meeting, 24 November 2022, Online)

## Nurses retention

A closer look at nursing highlights some of the factors that contribute to the retention of the nursing workforce, and the reasons why some leave the NHS. This was collated from various sources and set out in Figure 14. It is important to observe that what staff state is important will be different depending on their stage of career. i.e. at the early stages of their career, staff state the importance of social support, development opportunities, and leadership. However, as they progress through their career, flexibility becomes increasingly important, and certainly, towards the end of their career, people want more flexibility and work-life balance.

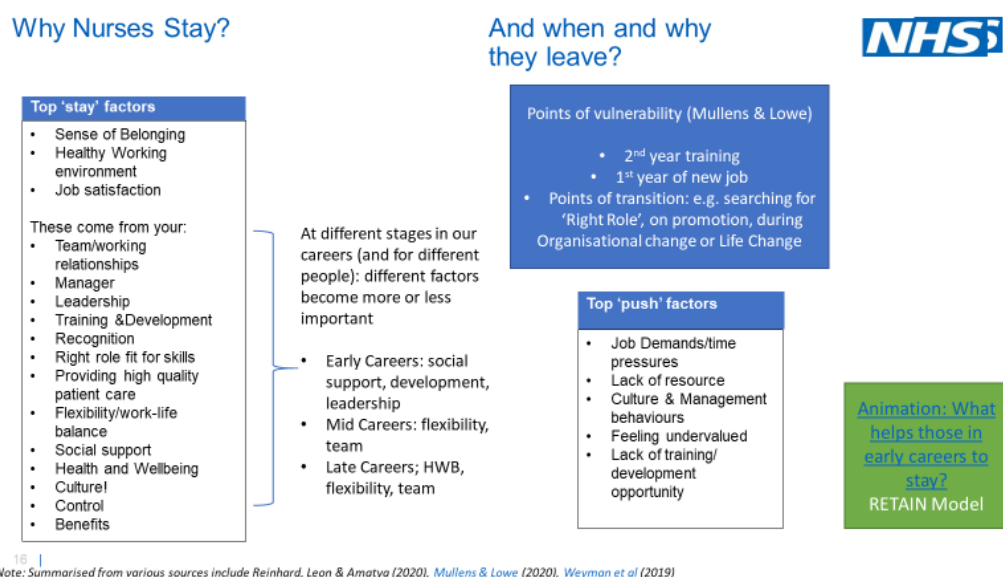


Figure 14: Why do nurses stay and when and why do they leave? (ref. Hackett, A., MacKay, K. 2022. *We can't recruit our way out of this: Why staff experience and retention are key*. South West Clinical Senate Council meeting, 24 November 2022, Online)

## 3.2 A nursing leadership perspective

Penny Smith is the Director of Nursing Leadership and Quality, NHS England South West. She shared a nursing leadership perspective on workforce challenges.

There is a global issue around the shortfall in the nursing workforce, which pre-dates the COVID-19 pandemic. This relates to attracting people into the nursing profession, workforce supply, and retention.

In March 2022, the World Health Organisation (WHO)<sup>7</sup> stated that there are approximately 27 million nurses worldwide. However, there is a shortfall of nurses and midwives and by 2030, an additional 9 million nurses and midwives would be required.

The COVID-19 pandemic has exacerbated and highlighted some of these workforce vulnerabilities. It also made a significant depletion to the workforce numbers, in that, by May 2021, circa 115,000 healthcare workers worldwide had died as a result of COVID-

<sup>7</sup> [Nursing and midwifery \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/nurses-and-midwives)

19. Whilst this might not all be work-related, it is a reduction, nonetheless. This data stimulated the political manifesto which led to the development of the 50,000-nurse expansion programme in England.

### National picture of the nursing workforce (as of July 2022)

As of July 2022, there were approximately 350,000 nurses and health visitors, and 26,000 midwives nationally. In the South West region, this translated to circa. 32,500 nurses and health visitors, and 2500 midwives. At the same time, there were 45,000 vacancies for nurses, health visitors, and midwives nationally.

In July 2022, the Health Select Committee produced a report<sup>8</sup> with recommendations to address workforce issues relating to recruitment, training, and retention in health and social care, one of these recommendations called for a national health and care workforce strategy to be developed.

Research carried out by the University of Plymouth<sup>9</sup> highlighted the impact of the COVID-19 pandemic on the nursing workforce and the need to tackle stigma to create a psychologically safe working environment. It has called for a national COVID-19 Nursing workforce Recovery Strategy to retain nurses and restore psychological well-being.

### Factors affecting the nursing workforce in the South West

The South West region has a nursing workforce that is older and with significant disparity ratios in terms of representation from those from a black or ethnic minority background, certainly at a leadership level. Accommodation is a key issue in the region, with the rise of second homes and the rising cost of accommodation which is amplified by the cost of living crisis. This has made it challenging to choose to train and/ or stay in the South West region. Work is being done with Health Education England, to provide accommodation at the university.

In parallel, it is recognised that the South West is an exporter of talent, with many choosing to go out of the region for their training which, makes it challenging to attract back to the region. Work is being done with Health Education England to widen participation from the beginning of a nursing and midwifery career, to increase intake.

### Student nurses

The student nursing population forms of a large proportion of the supply route for people entering the profession. In the region, this has been impacted by the COVID pandemic:

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<sup>8</sup> [Workforce: recruitment, training, and retention in health and social care - Health and Social Care Committee \(parliament.uk\)](#)

<sup>9</sup> [Nurses and midwives 'forever altered' by COVID-19 pandemic - University of Plymouth](#)

- **Paused Students:** There has been a 41.8% (292 vs 414) increase in nursing students who have paused their studies over the last 12 months. This has been highest amongst 2<sup>nd</sup>-year student nurses.
- **Attrition:** Regional attrition 11% v National attrition 13%. Learning Disability Nursing and Mental Health Nursing have the highest attrition rates across all nursing programmes
- **Delayed Students:** SW has lowest number in England at 29 (June 22)

Student nurses (through to their first year of work) must be supported to help improve retention rates in the South West. Health Education England has led the RePAIR<sup>10</sup> (Reducing Pre-registration Attrition and Improving Retention) project which has been successful in gaining an understanding of the factors that impact healthcare students' attrition and the retention of the newly qualified workforce in the early years of their careers.

### Racism

Organisations, as part of their strategy to reduce workforce attrition and improve retention, must understand the impact of racism on the working environment particularly for the BME workforce. Sheffield Hallam University has undertaken a study to explore racism in the healthcare sector during the COVID-19 pandemic “*Nursing Narratives – Racism and the Pandemic*”<sup>11</sup>. One of the outputs of this study is the documentary “*Exposed*”<sup>12</sup> based on the stories of 19 black, brown, and migrant nurses and midwives describing their experiences of racism before, during, and after the pandemic. This makes for powerful listening and will help organisations to gain a deeper understanding of the issues, the action that can be taken, and how these feed into equality, diversity, and inclusion work undertaken by organisations.

### The 50,000 nurses' programme

The 50,000 nurses' programme came out of the government's commitment in 2019 to increase the number of registered nurses in the NHS in England by 50,000, by the end of the Parliament. At that time, 300,904 FTE nurses were working across the NHS and GP provider settings (excluding health visitors). The programme's ambition is to have at least 350,904 FTE nurses employed across the NHS by 31 March 2024. Figure 15 shows the expected flow of FTE nurses between September 2019 and March 2024.

The progress of the South West region to achieve the regional target for the 50,000 nursing programme can be seen in Figure 16 below. Domestic supply has been below modelling whilst international recruitment has exceeded expectations. It is recognised that a healthy domestic supply of nurses and midwives is required for a sustainable position

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<sup>10</sup> [Reducing Pre-registration Attrition and Improving Retention | Health Education England \(hee.nhs.uk\)](https://hee.nhs.uk/repair/)

<sup>11</sup> [About – Nursing Narratives](#)

<sup>12</sup> [EXPOSED - YouTube](#)



going forward.

This is about developing a 5-10-15-year workforce strategy. There is a call to action, for all stakeholders across the systems to work together to improve staff experience through good visible compassionate leadership, treating the workforce with kindness and support, and building social capital and goodwill.

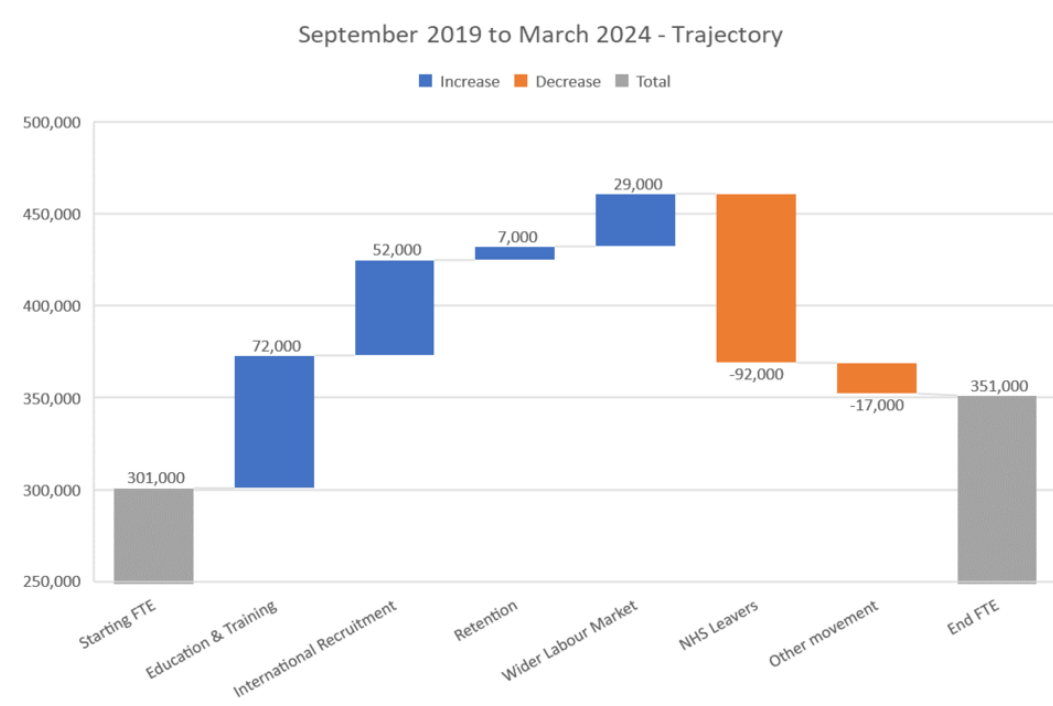


Figure 15: 50,000 Nurses Programme: September 2019 – March 2024 Trajectory<sup>13</sup> (ref. Smith, P. 2022. *A nursing perspective on workforce*. South West Clinical Senate Council meeting, 24 November 2022, Online)



Figure 16: 50,000 Nurses programme: South West region progress (ref. Smith, P. 2022. *A nursing perspective on workforce*. South West Clinical Senate Council meeting, 24 November 2022, Online)

<sup>13</sup> [50,000 Nurses Programme: delivery update - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/50000-nurses-programme-delivery-update)



### 3.3 A trainee doctor's reflections from the frontline during the COVID-19 pandemic

Dr. Namritha Ramanujam is a clinical fellow in Haematology at the Royal United Hospitals, Bath. She started her 3-year internal medicine training programme in 2019 and was working in one of the acute trusts in the South West region, during the pandemic. She shared her reflections on working as a trainee on the frontline during the COVID-19 pandemic.

- During the first few months of the pandemic, medical staff were split into 2 multidisciplinary teams: 'front door', and 'ward' and were assigned on a rolling Rota of (3 days on, 3 days off) working shifts of varying lengths between 6 – 12 hours. This change to the ways of working (by creating these larger multidisciplinary teams) resulted in the emergence of a sense of camaraderie which developed because of the teams working together for a long period of time. This helped to maintain morale, particularly early in the pandemic. This highlighted the benefit of having compassionate and supportive clinical leadership.
- Some concerns arose for trainees and other staff working at the frontline during the pandemic, notably:
  - Concerns about the thought of rationing finite resources for the predicted high numbers of patients, the daily discussions around the rising death toll or hospital admissions when there wasn't a clear care pathway for patients, and sometimes there was a sense of futility in some of the actions that staff was taking.
  - Questions relating to the issue and type of Personal Protective Equipment (PPE) that should be used, and in what circumstances, and the shift in thinking so that staff had to make sure that they had donned all the required PPE before attending to a patient – even if in a medical emergency. This added a level of complexity to what was a stressful situation for staff.
  - Concern about the risk of spreading COVID-19 to family members particularly for the workforce from a black or ethnic minority background, as there started to be evidence gathered that people from a black or ethnic minority background experienced disproportionately worse outcomes from COVID-19 than other demographic groups and so were classed as being at higher risk.
  - The outpouring of support from the community (whether supplying food, hand creams, or alcohol gels) was valued by staff. There was a sense of the community's appreciation of the health and care workers' efforts, in the fight against the COVID-19 pandemic.
  - The second wave of the pandemic was more challenging. It was at a time when society was trying to return to a form of normality, there were the usual winter pressures, and the pent-up demand from patients who hadn't presented during the first wave of the pandemic, who were now presenting with more advanced conditions. There were also different ways of working to control the spread of the

COVID infection, which created added complexity to care delivery. It was becoming apparent the emotional toll, moral injury, and harm to staff delivering care in less than optimal conditions.

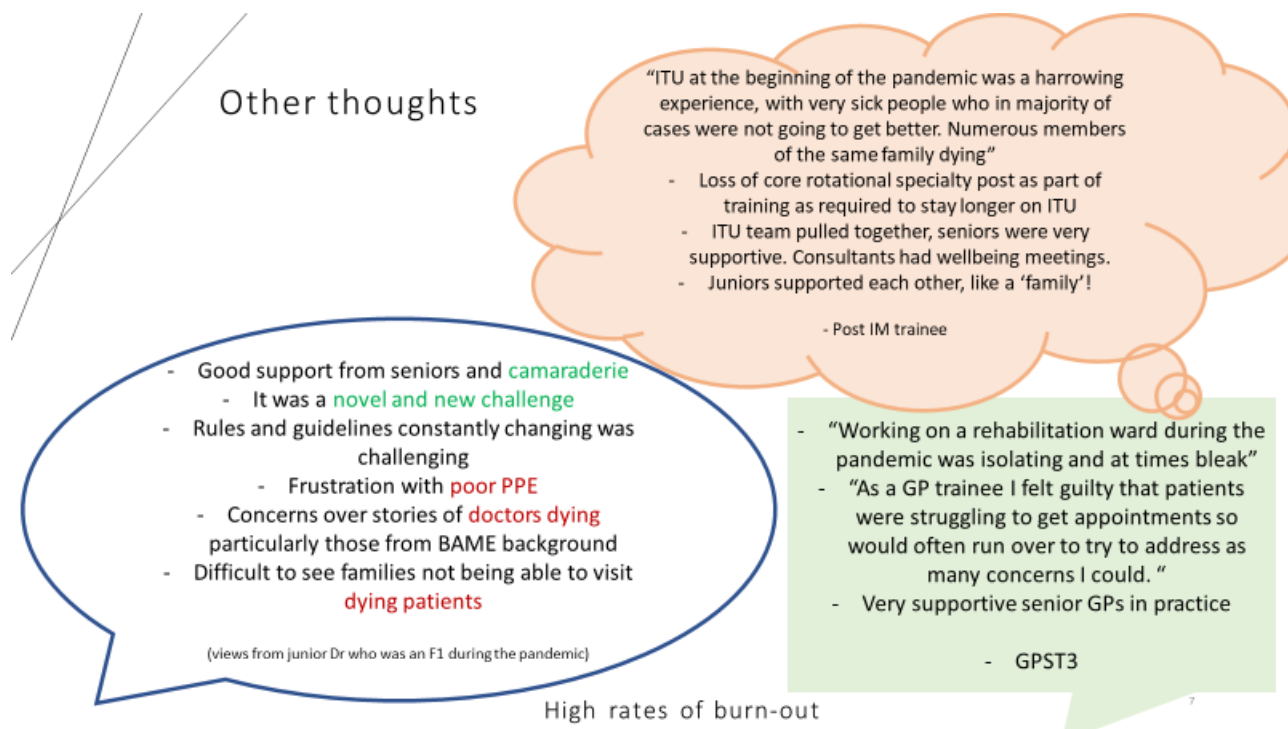


Figure 17: A snapshot of trainees' reflections (ref. Ramanujam, N. 2022. *Trainee perspective during COVID-19 pandemic*. South West Clinical Senate Council meeting, 24 November 2022, Online)

- The pandemic had an impact on the opportunities that were available to trainees. As an example, there were new ways of working that were introduced that optimised the use of technology to undertake patient consultations, which meant a reduction in the number of in-person interactions that trainees were able to have with patients. Secondly, some trainees stayed longer in specific posts to support workloads and missed out on core specialty rotational posts.
- A final reflection is the importance of health and well-being, support should not be overlooked in building and maintaining a resilient workforce.

### 3.4 Reflections from the South West Clinical Senate Citizens Assembly

The Citizens Assembly is made up of representatives from the local Healthwatch organisations in the region. It brings the patient and public voice to the various workstreams of the Clinical Senate. The Chair of the Citizens Assembly supported by another representative from the Citizens Assembly shared the reflections from the Citizens' Assembly on this topic.

The Citizens Assembly reflected on the importance of:

- Learning lessons from projects like Joy at Work<sup>14</sup> and how a Health Care Assistant at Queen Elizabeth Hospital, South London designed a quality improvement programme, to help healthcare assistants find joy in their work. This links to health and well-being but also to how the staff feels about their role – whether they feel valued, able to contribute, etc.
- Supporting staff to achieve a work-life balance, regular breaks for food and drinks, and food offerings that aren't just limited to something that is out of a vending machine.
- Support for students
- Pay & Remuneration: The Agenda for Change Pay and conditions structure for NHS should be updated to include a "weighting" for hands-on patient care delivery.
- The issue of NHS Pensions in terms of the potential tax bills needs to be resolved, as the current situation is that some senior clinicians are turning down work that could help address the backlog, due to the risk of high taxation – due to the taper.
- Packaged benefits for the workforce: including discounts for health and wellbeing activities, affordable accommodation, flexible working, childcare
- Career pathways and progression: clear career pathways and progression for staff at all levels.
- Strong and credible leadership
- Reframing CQC support
- Exit interviews could include questions that could highlight whether the member of staff has caring responsibilities
- Staff could be rotated on- and- off, alternating between high-pressured, fast-paced environments and areas that are more predictable, and less pressured, to allow staff to decompress and reduce the risk of stress and burnout.

## 4.0 The Questions

The South West Clinical Senate sought to explore the following question regarding health and care workforce retention:

- How can we retain and motivate clinicians and the wider workforce post-COVID?
- What can be learned from actions that organisations took, and resources that were provided during the first wave of the pandemic, that were valued by staff?

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<sup>14</sup> [How one HCA helped her colleagues find joy in work | RCN Magazines | Royal College of Nursing](#)

## 5.0 Observations

The Council made several observations throughout its deliberations:

- i. Working in the health service during the COVID19 pandemic was extremely challenging for many groups of staff. In recognition of these challenges teams and employers introduced different ways of working specifically aimed at supporting staff, ranging from psychological support and increased autonomy to provision of food and drink and protected staff spaces. Many of these valued interventions have been removed as the service has attempted to return to business as usual
- ii. There is a chronic mismatch between the workload (demand) and the workforce capacity (supply) which has been further exacerbated by the unprecedented high demand arising from the pandemic. The impact on staff of heavy workloads and lack of continuity of team members is made worse by the need to respond to the concerns of patients and their carers whose reasonable expectations of the service have not been met.
- iii. A failure to attend to the basic needs for retention (keeping staff safe and well, addressing the workload pressures) means that offers of **secondary interventions** that equip the workforce with tools to deliver health and well-being or tertiary interventions which is reactive support after the workforce well-being has been affected often do not make the required impact .
- iv. Kindness is often cited as an important element in creating a just organisational culture. However, kindness means different things to different people, and questioned whether it would be more appropriate to talk about respect and recognition.
- v. Organisations need to improve the working environment for their workforce. One area that would make a difference to its clinical workforce, is removing the requirement to carry out administrative tasks. This would free up their capacity and would motivate (and help retain) the clinical workforce
- vi. The NHS is founded on a workforce that, in the words of a previous health secretary, share a sense a principled motivation, to contribute to the wellbeing of others. Where this achieved it contributes to job satisfaction and fulfilment. When this is challenged and staff feel they are not meeting the needs of patient, it leads to dissatisfaction and factors such as pay become more important. This is significant as large cohorts of the workforce can (potentially) get higher pay working in other jobs outside of the health and care sector with lower levels of stress.

- i. The Senate Council questioned how the volunteer workforce in the health service supporting patient care might be leveraged to support staff and carry out activities that promote staff well-being
- ii. Although healthcare services are often described as 7-day services, services tend to be rigid and are not easily adapted in the way that they are delivered. There is an expectation that staff work in a particular way and that it would take significantly increased capacity to change how services are delivered, to make it more flexible for staff.

## 7.0 The Recommendations

The South West Clinical Senate makes the following recommendations:

1. There needs to be a fundamental recalibration of services against what is feasible to be provided with the existing workforce capacities. This will require a fundamental shift from the current efforts spent chasing to secure a workforce that doesn't exist, to meet expectations that cannot be met.
2. The narrative which says a 'patient first' approach, needs to be balanced with a "staff first" approach. Whilst the NHS is often rightly criticised for designing services without due regard to the needs of patients, it is inescapable that motivated well supported staff provide better care. This is a sensitive issue that will require courageous compassionate leadership.
3. Organisations need to develop a strong Employee Value Proposition informed by the views of their workforce. Attention should be paid to the most fundamental needs for retention (safety and well-being at work) and flexible working policies. Systems need to build on existing successes and expand a 'flexible offer' across provider organisations, working along pathways of care rather than organisational boundaries. Specifically, there needs to be more support for staff who wish to retire and return. Currently, policies are rigid and are not responsive to accommodate the needs of most within this staff cohort. This is a missed opportunity that needs to be addressed.
4. The focus should be less on the resilience of individual's resilience to System-wide/ Service resilience. The General Medical Council produced a paper in 2019 entitled '*Caring for Doctors, Caring for Patients*'<sup>15</sup> which sets out an 'ABC framework' (Autonomy, Belonging, and Competence) that would give the sense of a job well done. This framework has applicability across different staff groups. The Senate Council recommends that this framework is adopted in the South West region.

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<sup>15</sup> [caring-for-doctors-caring-for-patients\\_pdf-80706341.pdf \(gmc-uk.org\)](https://www.gmc-uk.org/media/80706341.pdf)



5. System-wide assessments of capacity and demand should be encouraged that allows the development of, and a shared understanding of, the realistic workforce models that will deliver care safely across primary care, secondary care, the independent and third sector. This should be supported by investment in workforce modelling tools that can be adapted/applied to all services, and administrative support. This would release clinical time, support the productivity, and job satisfaction of patient-facing clinicians. In addition, it would help to prevent the initiatives that simply move the workload pressures around the system rather than addressing them.
6. Organisations should consider innovative ways for staff working within highly pressured environments, to spend time on alternative areas of work such as projects and other areas of interest that enable them to acquire new skills and refine existing skills, building a more flexible, competent, and confidence workforce.
7. Programmes to improve efficiency and reduce the administrative burden for clinical staff should continue to be pursued.

These recommendations will be shared with the NHS England (South West) Workforce & OD team, ICS Workforce Leads, and published on the website of the South West Clinical Senate.

Date created: 09/01/2023  
Last updated: 13/02/2023  
Version: FINAL V1.2

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Signed off: Dr. Sally Pearson, Chair of South West Clinical Senate

# Appendices

## Appendix 1: Further Reading

- Access the guide: <https://www.england.nhs.uk/looking-after-our-people/>
- Updated to reflect learnings from COVID and aligns with the People Promise
- Key new elements include chapters for those in early and late careers, with focus on induction, reward and recognition and menopause.
- New infographics and animation to support managers in their roles – Healthy Leadership under pressure: [South West Staff Experience Hub - FutureNHS Collaboration Platform](#)
- **SW Futures Staff Experience site** – numerous articles, resources and materials
- [Retention - South West Staff Experience Hub - FutureNHS Collaboration Platform](#)
- **Model Health** – now covers data for 15 different staff groups in the retention compartment
- [A guide to retaining your HCSW workforce](#) - designed in collaboration with the people team, this resource contains, guidance, best practice and tools to support organisations to engage with and retain their HCSWs
- Buddy Guide [The Benefits of Buddies - A practical guide to peer support for new healthcare support workers - Healthcare Support Worker Programme - FutureNHS Collaboration Platform](#)
- Flexible working resources [NHS Flex for the Future Programme – resource library - Timewise](#)
- Flexible Retirement resources [NHS England » We are recognised and rewarded](#)
- Isio Pension seminars <https://outlook.office365.com/owa/calendar/NHS@ISIO.com/bookings/>
- Suite of resources: [Legacy mentoring](#)
- Suite of resources: [Clear Preceptorship framework](#) and standards (+ future credentialing path)
- NHS Employers hosted [toolkit](#)
- <https://www.nhsemployers.org/news/new-improving-retention-guide>