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| Submission to the NHS Pay Review Body **Evidence for the 2024/25 pay round**  **26 February 2024** | |
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## 1. Introduction

1. This is NHS England’s submission to the NHS Pay Review Body (NHSPRB). The evidence covers our key responsibilities for NHS staff employed on the Agenda for Change contract (AfC).
2. On 30 June 2023, we published the [NHS Long Term Workforce Plan](https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/), a plan to put staffing on a sustainable footing and improve patient care. It groups actions under three main themes: train, retain and reform.
3. In the last year, the AfC trade unions lodged a pay dispute over the 2022/23 pay award. Some secured mandates for industrial action and monthly action was taken from December 2022 until the beginning of May 2023, when the NHS Staff Council reached majority endorsed agreement with government. This resolved the pay dispute for 2022/23 and confirmed the negotiated pay award for 2023/24.
4. The pay agreement for 2022/23 was an additional non-consolidated payment equivalent to 6% of the pay bill on top of what the NHSPRB had recommended. It comprised a 2% non-consolidate payment and a tiered backlog bonus payment (ranging from £1,250 to £1,600).
5. The agreed pay award for 2023/24 delivered a 5% consolidated pay award, with the value of the bottom point of Band 2 rising to that of the top point of Band 2 and increasing entry level pay in the NHS by 10.4% (0.2% of pay bill). The pay award was backdated to 1 April 2023 and paid to staff in June 2023.
6. At the time of preparing our evidence, the Society of Radiographers (SoR) and Unite are still in dispute with live mandates for industrial action.

## 2. Evidence summary

1. In 2023 we published the NHS Long Term Workforce Plan, and work is underway to deliver the ambitions set out in the plan, coupled with the priorities identified in planning guidance, including reducing the use of agencies, improving urgent and emergency care, elective recovery and access to primary care.
2. Pay remains the largest component of NHS expenditure. The current economic environment means that, in addition to increasing pay costs, the NHS is facing non-pay inflationary costs pressures from higher than expected inflation. Latest GDP deflators for 2022/23 are reported as 6.8% and the forecast for 2023/24 is 6.1%. We calculate this has resulted in a pressure of £1.7bn against the funded level. Taken together, this means the NHS budget will be worth 3.8% less in 2024/25, than in 2021/22, based on the published budget and latest forecast GDP deflators.
3. Financial pressures on NHS services have been exacerbated by ongoing industrial action, which is estimated to have already cost more than £1.5 billion in 2023/24. In addition, we are managing significant pressure on services, with increasing demand, as well as dealing with Covid. In response to the financial and operational pressures of industrial action, we have reprioritised wider health budgets, diverting planned spend away from technology budgets, international recruitment, and wider capital budgets.
4. Against this background, the NHS must deliver annual efficiency savings of at least 2.2% each year, a significant increase on the c1% the NHS has historically delivered per year.
5. Pay awards that are higher than the levels contained in the funding settlement, if not supported by additional funding from government, will put further pressure on the NHS budget given the existing funding pressures. This could impact on staffing numbers and the ability to deliver planned activity or service improvements.
6. Permanent recruitment has gone well and temporary staffing use has started to fall as a result. Retention rates have improved, and they are now better than pre-pandemic.
7. The NHS Staff Survey 2022 showed a downward trend in pay satisfaction across all workforce groups. However, there has been a positive shift from quarter 1 2023/24 in engagement scores in the [National Quarterly Pulse Survey](https://www.england.nhs.uk/fft/nqps/) (NQPS). In contrast the trend data for the core metrics indicates that there has been a period of stability for staff feeling their health and wellbeing is supported, and the [Pulse Survey](https://www.england.nhs.uk/nhs-people-pulse/) shows a positive trend in how staff describe their mood. In addition, the nursing leaver rates have fallen below the pre-pandemic baseline of 6.5% in February 2020.
8. Emerging data from the People Promise Exemplars Programme suggests that, controlling for other variables, on average the all staff leaver rate in exemplar organisations reduced by 14.2% more than in non-exemplar organisations. We will continue to build the evidence base to support our work on the retention of staff. The expansion of the Exemplar Programme to a further 116 organisations is now underway and provides an opportunity to scale and share best practice.

## 3. Workforce planning

1. The NHS Long Term Workforce Plan published in June 2023 sets out the workforce planning, service and clinical strategies, and financial planning for the long term. The plan builds on [Health Education England’s Framework 15](https://www.hee.nhs.uk/sites/default/files/documents/HEE%20strategic%20framework%202017_1.pdf), the [NHS People Plan](https://www.england.nhs.uk/ournhspeople/) and the [NHS Long Term Plan](https://www.longtermplan.nhs.uk/), and has a focus on improving staff experience and retention by embedding the [NHS People Promise](https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-people-promise/).
2. The plan is underpinned by actions that need to be taken now to deliver a sustainable NHS workforce that can meet the changing needs of patients over the next 5, 10 and 15 years, and likely continued growth in demand with demographic and societal shifts. Technology will change how services are delivered and will give patients greater control over their own healthcare. Over the next 15 years, England’s population is projected to increase by 4.2%. It is also ageing; over the same period the number of people over 85 is estimated to grow by 55%. An older population, living with multiple co-morbidities, and more empowered patients means the size and shape of the workforce, and the skills NHS staff have, will need to alter. The modelling in the NHS Long Term Workforce Plan shows that without concerted and immediate action, the NHS will face a likely workforce gap of 260,000–360,000 staff by 2036/37.
3. To address this, the plan has 3 main themes:

* **Train:** significantly increase domestic education, training and apprenticeships, including alternative routes into professional roles.
* **Retain:** keep more of the staff we need through better support and flexible ways of working, and improve their experience by investing in culture and leadership.
* **Reform:** improve productivity by working and training in different ways, and taking advantage of new technology to increase the capacity of clinicians to care for patients.

1. The plan expands training, changes ways of working and aims to improve our culture, to increase the NHS permanent workforce over the next 15 years by adding at least:

* 170,000 nurses
* 71,000 allied health professionals (AHPs)
* 10,500 nursing associates
* 10,000 physician associates
* 2,000 anaesthesia associates.

1. The plan also sets out how the expansion will be achieved with:

* new roles such as physician associates and nursing associates
* increased number and proportion of apprenticeships, as part of widening the opportunity for more people to join the NHS from different backgrounds and a wealth of different experiences.

1. The ambitions will require the integration of education and training with wider workforce planning and finance and service planning.

## 4. NHS finances

### 4.1 Financial context

1. NHS England’s key priorities set out in the [2023/24 business plan](https://www.england.nhs.uk/long-read/our-2023-24-business-plan/) are, for example, to deliver the NHS Long Term Plan, improve urgent and emergency care performance, tackle the elective backlog and continue to respond to the impact of the pandemic. This work is being done within a financial settlement predicated on stretching efficiency targets and a reduction in COVID-19 related costs.
2. Financial pressures on NHS services have been exacerbated by ongoing industrial action, estimated to have cost more than £1 billion so far in 2023/24. This includes the costs of having to secure staff cover on strike days and catching up on activity that has been rescheduled. Responding to the strike action has impacted on the operational and management capacity to plan and deliver productivity through transformation.
3. The current NHS financial settlement was agreed with government in the 2021 Spending Review to cover the period up to and including 2024/25. This was predicated on moderate pay and price inflation, and COVID-19 costs reducing to negligible levels by 2024/25, neither of which has been the reality. £3.3 billion was added to this settlement on a recurrent basis in the 2022 Autumn Statement to address higher than planned pay and non-pay inflation (among other financial pressures). Nevertheless, inflation has still been higher than the assumed level, and NHS real terms funding growth into 2024/25 remains low by historical standards.
4. The settlement requires the NHS to deliver annual efficiency savings of at least 2.2% each year, which is significantly higher than the ~1% per year the NHS has historically delivered. In total, [integrated care boards](https://www.england.nhs.uk/publication/integrated-care-boards-in-england/) (ICBs) are seeking to make £7.8 billion of savings in 2023/24. COVID-19 funding for response to the pandemic will further reduce from £5.1 billion in 2022/23 to £0.4 billion in 2024/25. Latest GDP deflators for 2022/23 are reported as 6.8% and the forecast for 2023/24 is 6.1%. We calculate this has resulted in a pressure of £1.7bn against the funded level. Taken together, this means the NHS budget will be worth 3.8% less in 2024/25, than in 2021/22, based on the published budget and latest forecast GDP deflators.

### 4.2 Financial support for education and training

1. From the start of the 2022/23 financial year, we have been sharing statements about the financial support we provide for education and training, and the corresponding activity delivered by providers within each of the 42 [integrated care system](https://www.england.nhs.uk/integratedcare/what-is-integrated-care/) (ICSs) geographical footprints. The aims are to:
   * Increase transparency in educational funding flows, to enable ICS level strategic discussions on our investment, including its alignment to ICS clinical strategy delivery and long-term service sustainability.
   * Inform the development of an education and training plan for each ICS.
   * Highlight any inequity of activity, which is where we will target our funding strategy and policy, including medical redistribution.
   * Our statements have initially focused on 2 aspects of funding: future workforce and workforce development.
2. Our [NHS education funding guide](https://www.hee.nhs.uk/our-work/education-funding-reform/nhs-education-funding-guide), which standardises and provides clarity on payment rates, will become an annual publication.

### 4.3 Affordability

1. The NHS must plan for and manage the additional costs from any pay rise.
2. NHS England received one-off additional funding at the end of 2022/23 to provide funding to the Annex 1 organisations listed in the [NHS Terms and Conditions of Service Handbook](https://www.nhsemployers.org/publications/tchandbook#annex-1-nhs-employers) for the non-consolidated pay award, which formed part of the [AfC pay deal](https://www.nhsemployers.org/offer-in-principle). Reported workforce data was used centrally to calculate costs of making awards to eligible staff, and NHS England made direct payments to NHS organisations. The Department of Health and Social Care (DHSC) announced in November 2023 that [one-off funding](https://www.gov.uk/government/news/funding-for-non-nhs-organisations-for-one-off-payments) will be extended to non-Annex 1 organisations for the 2022/23 non-consolidated pay award.
3. Additional non-recurrent funding for ICBs was announced in November 2023, which was agreed in response to the financial and operational pressures of industrial action. This funding has been generated mostly through central reprioritisation of wider health budgets, which protects patient safety and priority service areas including urgent and emergency care, maternity, neonatal and primary care access. This will mean diverting planned spend away from technology budgets, international recruitment and wider capital budgets, which will involve switching capital to resource spending. The elective activity performance targets for earning targeted elective recovery funding have also been relaxed to recognise the operational impact that industrial action has had on capacity this year.
4. Pay awards higher than the levels included within the funding settlement and which are not supported by additional government funding, will put further pressure on the NHS budget. This could impact on staffing numbers and the ability to deliver planned activity or service improvements.

## 5. Listening to staff

1. Since 2021, the [NHS Staff Survey](https://www.nhsstaffsurveys.com/) has been aligned to the 7 elements of the People Promise to better understand how employee experience compares to what staff told us matters most to them. National support for local listening strategies increased with the introduction of the monthly [People Pulse](https://www.england.nhs.uk/nhs-people-pulse/) and [National Quarterly Pulse Survey (NQPS)](https://www.england.nhs.uk/fft/nqps/). These provide a consistent and standardised way of understanding employee experience nationally, regionally and locally at more regular intervals than yearly. In particular, the NQPS asks the 9 questions which make up the engagement score in January, April and July. In October, the same questions are asked in the NHS Staff Survey.

### 5.1 NHS Staff Survey

1. The NHS staff survey remains one of the world’s largest staff surveys, with 636,348 [responses](https://www.nhsstaffsurveys.com/static/5051c9bf4e3622339dc41f581d4739e7/Core-questionnaire-2021.pdf) (46% of staff in 2022). The [2022 survey](https://www.nhsstaffsurveys.com/static/8c6442c8d92624a830e6656baf633c3f/NHS-Staff-Survey-2022-National-briefing.pdf) retained COVID-19 related questions in light of the pandemic’s continued impact, maintaining the opportunity to understand and compare employee experience during this period.
2. In October 2023, we published a [new interactive NHS Staff Survey dashboard](https://www.nhsstaffsurveys.com/results/new-interactive-dashboard/), available to view on the Staff Survey Coordination Centre website and which contains NHS Staff Survey data up to 2022.
3. The 2023 survey results are not yet available. They are usually published in March after extensive analysis to comply with official statistic requirements. However, employers can use their own results internally as they become available to them via their survey provider.

#### **Overview of NHS Staff Survey 2022**

1. 2022 scores for 3 of the People Promise elements were higher than 2021: ‘we work flexibly’, ‘we are always learning’ and ‘we are a team’ (which includes line management); and the 2022 score for ‘we are safe and healthy’ remained the same. However, scores for another 3 People Promise elements were lower in 2022: ‘we are recognised and rewarded’, ‘we are compassionate and inclusive’ and ‘we each have a voice that counts’. Ambulance trusts and acute and community trusts continue to score below the average across the whole of the NHS.
2. Data can be interrogated in more granular detail against the demographics using the free data visualisation software [Tableau Public](https://public.tableau.com/app/profile/piescc/viz/ST22_national_full_data_2023_03_09_FINAL/Aboutthissurvey).

**Table 5.1: NHS Staff Survey by benchmarking group**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Promise element/ theme** | **2021 national average score** | **2022 national average score** | **2022 acute and acute community trusts** | **2022 community trusts** | **2022 acute specialist trusts** | **2022 MH/LD\* and MH/LD community trusts** | **2022 ambulance trusts** |
| We are compassionate and inclusive | **7.24** | **7.23** | < 7.16 | > 7.67 | > 7.50 | > 7.54 | < 6.61 |
| We are recognised and rewarded | **5.89** | **5.80** | < 5.71 | > 6.27 | > 5.94 | > 6.28 | < 4.96 |
| We each have a voice that counts | **6.72** | **6.68** | < 6.63 | > 7.11 | > 6.93 | > 6.97 | < 5.79 |
| We are safe and healthy | **5.94** | **5.94** | < 5.87 | > 6.26 | > 6.20 | > 6.24 | < 5.32 |
| We are always learning | **5.28** | **5.39** | < 5.33 | > 5.80 | > 5.62 | > 5.73 | < 4.48 |
| We work flexibly | **6.05** | **6.09** | < 5.97 | > 6.71 | > 6.19 | > 6.71 | < 5.00 |
| We are a team | **6.64** | **6.69** | < 6.60 | > 7.11 | > 6.85 | > 7.10 | < 5.94 |
| Employee engagement | **6.84** | **6.79** | < 6.75 | > 7.18 | > 7.24 | > 7.05 | < 5.78 |
| Morale | **5.77** | **5.74** | < 5.67 | > 6.04 | > 5.95 | > 6.04 | < 5.20 |

\* ‘MH/LD refers to mental health and learning disabilities

Key: < Lower than the national average, > greater than the national average

1. In 2022, a tailored version of the [NHS Staff Survey was created for bank workers in NHS trusts](https://www.nhsstaffsurveys.com/results/bank-worker-results/) and will be mandated for organisations with more than 200 bank workers in 2023. This will provide organisations with insight into the working experience of this group, to make improvements where necessary as we reduce agency spending.

#### **Trends in satisfaction with pay – NHS Staff Survey**

1. The score for the People Promise element ‘we are recognised and rewarded’ declined from 5.9 in 2021 to 5.8 in 2022. This was driven by a 7.0 percentage points drop in the percentage of staff satisfied with their level of pay to 25.6%, and it is now 12.3 percentage points below the pre-pandemic score (38.0% in 2019). In contrast, the percentage of staff feeling that their work is recognised, valued and appreciated all held at a similar level to or improved slightly from 2021. Satisfaction with pay remains lowest among nursing and healthcare assistants (13.3%) and ambulance staff (15.8%), but this downward trend has been seen in all occupation groups\* since 2019 or 2020.

**Figure 5.1: NHS Staff Survey % of staff who are “very satisfied” or “satisfied” with their pay for selected occupation groups\*, 2018 to 2022**

A graph of different colored lines

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\* For other groups see [NHS Staff Survey results for 2022](http://www.nhsstaffsurveys.com/results/)

### 5.2 NHS People Pulse

1. The [NHS People Pulse](https://www.england.nhs.uk/nhs-people-pulse/) survey tool was introduced to help organisations listen to staff views through the pandemic in a consistent, validated and standardised way, and more frequently. It is funded nationally and is available free to providers though some organisations have similar, pre-existing arrangements in place. It has provided insights into employee experience since July 2020.
2. Over 110 trusts use the People Pulse on a quarterly basis, collecting 40,000 to 50,000 responses to feed into the [NQPS](https://www.england.nhs.uk/fft/nqps/). Between December and August, outside the NQPS data collection months, the People Pulse collects an average of 3,000 responses monthly, providing trend data with a margin of error of 3% at a 95% confidence level (see Figure 5.2). The core metric trend data for December 2022 to August 2023 indicates a period of stability in terms of staff feeling their health and wellbeing is supported, as well as for team support and feeling informed.

**Figure 5.2:** **NHS People Pulse core metric trends, December 2022 to August 2023**

A screenshot of a graph

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Source: People Pulse December 2022 to August 2023

1. The People Pulse also collects information on colleague mood. The top words used to describe positive mood were ‘coping’ and ‘calm’, and for negative mood ‘demotivated’ and ‘stressed’. The trend is towards positive mood with most colleagues choosing positive words to describe their mood.

**Figure 5.3: NHS People Pulse colleague mood trend data, December 2022 to August 2023**

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Source: People Pulse, December 2022 to August 2023

### 5.3 Employee engagement – NHS Staff Survey and National Quarterly Pulse Survey

1. The [NQPS](https://www.england.nhs.uk/fft/nqps/) was introduced gradually from July 2021, and in April 2022 amendments to the [NHS Standard Contract](https://www.england.nhs.uk/nhs-standard-contract/) required all trusts to replace the staff Friends and Family Test with the NQPS. The NQPS uses the 9 employee engagement questions from the NHS Staff Survey and can be delivered in trusts using the People Pulse platform. Since quarter 1 2022/23, NQPS has collected an average 120,000 responses each quarter, which represents around 10% of the NHS workforce.
2. The NHS Staff Survey 2022 showed a deterioration in the employee engagement score from 2021, its lowest for 5 years, but the NQPS has shown an improvement in the quarterly scores from quarter 1 2023/24 (April 2023). From the data available so far, the engagement scores gathered through the NHS Staff Survey and NQPS appear to track in parallel, with the gap attributable to the difference in sample size.

**Figure 5.4: Staff engagement national average, NHS Staff Survey and NQPS, 2018 to quarter 2 2023/4**

Source: NHS Staff Survey and National Quarterly Pulse Survey

1. Further investigation of the NQPS sub-theme scores shows biggest improvement from quarter 1 2023/24 for motivation and advocacy. The latter could indicate an increase in the pride NHS colleagues take in working in the NHS and the standard of care the NHS provides.

**Figure 5.5: Staff engagement and sub-themes national average scores, NQPS, quarter 1 2022/23 to quarter 2 2023/24**

Source: National Quarterly Pulse Survey

### 5.4 The National Education and Training Survey

1. Our [Quality framework for healthcare education and training](https://nshcs.hee.nhs.uk/publications/health-education-england-hee-quality-framework-from-2021/) sets out our expectations for supporting high quality education, training and care.
2. [The National Education Training Survey](https://www.hee.nhs.uk/our-work/quality/national-education-training-survey-nets) (NETS) captures insights about the current and future workforce across all healthcare professions and helps us measure and assess the standards of education and training. The latest results relate to autumn 2022.
3. The NETS response rate has increased from 30,585 in 2019 to 39,855 in 2022, but with variation in trend between staff groups.

**Table 5.2: NETS response rate by staff group**

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Source: The National Education and Training Survey

1. We triangulate NETS results with multiple education quality indicators, including other sources of learner feedback and soft intelligence, to form a comprehensive picture of the multiprofessional practice learning environment. From this we can identify areas of good practice and emerging or escalating concerns at a national, regional, organisation and professional level.
2. Two-thirds of learners in 2022 have considered leaving their course or training programme (66.52%, a drop from 71.08% in 2021). When asked why, most cited stress, workload and feeling overwhelmed as contributing factors.
3. The percentage of learners reporting an overall positive experience has steadily declined since the survey launched in 2019, with 47% in 2022 reporting workload as having a negative impact on their learning and 54% (up from 47% in 2019) that they were expected to complete activities or tasks they did not feel contributed to their education or training.

**Table 5.3: Learners’ experience**

**A screenshot of a survey

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Source: The National Education and Training Survey

## 6. Responding to staff feedback

### 6.1 The People Promise Exemplars Programme

1. NHS England launched the [People Promise Exemplars Programme](https://www.england.nhs.uk/blog/the-soft-stuff-is-the-hard-stuff-one-year-into-the-people-promise-exemplars-programme/) in April 2022 in response to the understanding that a ‘bundle’ of actions is needed to sustainably deliver improved retention across the whole workforce.
2. Trusts are implementing a People Promise improvement action plan to address retention, drawing from a standard menu of interventions (for example, flexible working, health and wellbeing, line management support). Together these trusts represent every region and a range of types (excluding ambulance trusts) and sizes.
3. We have continued to see positive impacts for these organisations through the second year of the programme. The average all staff leaver rate for the 23 exemplar organisations reduced by 14.2% more than for non-exemplar trusts over the 10 months since the programme started. This is equivalent to 2,632 fewer full time equivalent (FTE) leavers.

**Figure 6.1: Staff returner and leaver rates for People Promise Exemplar organisations (aggregated), 2022**

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Source: Analysis of monthly leaver and turnover data

1. We held a People Promise in Action week in October 2023 and convened 21 learning and sharing spaces to showcase best practice examples from our People Promise exemplar trusts and other organisations. Over 4,000 attendees heard from colleagues across the NHS about the practical interventions they are implementing to bring the People Promise to life and improve the experience of staff within their organisations. This is the start of a commitment to spread and scale at pace what is known to work across the NHS. In February 2024, a second cohort of 116 organisations joined the People Promise Exemplar Programme, including primary care and ambulance trusts.
2. The following are also informing retention improvement interventions:

* [Culture and Leadership Programme](https://www.england.nhs.uk/culture/culture-leadership-programme/) (CLP) – a structured approach that helps organisations understand their own culture, identify the root causes they need to change and then to address them (see section 6.5).
* [NHS equality, diversity and inclusion improvement plan](https://www.england.nhs.uk/publication/nhs-edi-improvement-plan/) (June 2023) – sets out 6 high impact actions (HIAs) that organisations must implement to address discrimination and grow an inclusive and equitable workforce. This includes driving year on year improvement in race and disability representation through the [NHS Workforce Race Equality Standard](https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/equality-standard/) and the [NHS Workforce Disability Equality Standard](https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/wdes/), leading to parity over the life of the plan (see section 15).
* [NHS health and wellbeing framework](https://www.england.nhs.uk/supporting-our-nhs-people/health-and-wellbeing-programmes/nhs-health-and-wellbeing-framework/#:~:text=This%20framework%20is%20a%20high,interest%20in%20health%20and%20wellbeing.) – defines what organisations and systems need to do to create a wellbeing culture (see section 6.2).
* [Messenger Review](https://www.gov.uk/government/publications/health-and-social-care-review-leadership-for-a-collaborative-and-inclusive-future) (2022) – highlighted the difference that excellent leadership can make in health and social care.
* [NHS England Fit and proper person test framework for board members](https://www.england.nhs.uk/publication/nhs-england-fit-and-proper-person-test-framework-for-board-members/#:~:text=NHS%20England%20has%20developed%20a,and%20proper%20for%20their%20roles.) (August 2023).

### 6.2 Health and wellbeing

1. In line with the [People Promise](https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-people-promise/), NHS England has made clear commitments to improve the health and wellbeing of our workforce, and support culture change across systems and organisations to embed an evidence based, preventative approach to health and wellbeing. We have refreshed the [NHS health and wellbeing framework](https://www.england.nhs.uk/supporting-our-nhs-people/health-and-wellbeing-programmes/nhs-health-and-wellbeing-framework/#:~:text=This%20framework%20is%20a%20high,interest%20in%20health%20and%20wellbeing.) to take account of a wider set of factors in defining what organisations and systems can do to create a culture of wellbeing, support staff to feel safe and healthy at work, and deliver an improved experience for our workforce.
2. The annual NHS Staff Survey provides important trend data on the self-reported health and wellbeing of staff:

* The percentage of staff reporting that work-related stress has made them feel unwell decreased by 2 percentage points in 2022 compared to the 2021 staff survey, but at 44.8% it remains above pre-pandemic levels (40.5% in 2019).
* The ‘burnout’ sub-score improved slightly in 2022 compared to 2021 (when these questions were introduced) for all staff groups other than medical and dental staff, for whom the scores were slightly worse.
* The percentage of staff saying they experienced at least 1 incident of physical violence from patients/service users, relatives or other members of the public in the course of their work over the last 12 months has stayed relatively constant across the last 5 years, at 14.7% in 2022. This experience is much higher among paramedics (45.3% in 2022).
* The percentage of staff reporting they had experience at least 1 incident of harassment, bullying and abuse in the last 12 months from patients/service users, relatives or other members of the public was also similar in 2022 to that in previous years, at 27.8%.

1. The national programme has shifted from putting in place offers and support for individuals to access, to encouraging an organisationally-led and preventative approach, where staff health and wellbeing becomes embedded within the culture, including at a local level. Key interventions include:

* Rolling out [health and wellbeing conversation training](https://www.england.nhs.uk/supporting-our-nhs-people/support-now/having-safe-and-effective-wellbeing-conversations/#:~:text=NHS%20England%20co%2Ddesigned%20a,skills%20to%20have%20safe%20and) for line managers and peers to enable them to have safe and effective conversations with colleagues. To date, more than 5,300 line managers have undertaken this training. 76.5% of year 1 respondents and 82% of year 2 respondents to post course evaluation reported being able to put this training into practice.
* Establishing and supporting [health and wellbeing guardians](https://www.england.nhs.uk/supporting-our-nhs-people/health-and-wellbeing-programmes/wellbeing-guardians/) – a role usually fulfilled by a non-executive director to ensure effective board-level ownership.
* Rolling out [health and wellbeing champions](https://www.england.nhs.uk/supporting-our-nhs-people/health-and-wellbeing-programmes/health-and-wellbeing-champions/) across the NHS, with dedicated support from the national team. As of September 2023, a network of over 3,000 champions has been established.
* Ongoing expert support, in line with the [NHS England operating framework](https://www.england.nhs.uk/publication/operating-framework/), for ICSs to develop locally owned health and wellbeing programmes tailored to local workforce needs.
* Developing a [national strategy for occupational health](https://www.nhshealthatwork.co.uk/growingohroadmap.asp#:~:text=Growing%20OHWB%20Together&text=In%202021%2C%20in%20response%20to,strategic%2C%20and%20proactive%20system%20partners.), to support occupational health services to move towards a preventative, integrated service delivery model. This is being integrated into new Care Quality Commission (CQC) key lines of enquiry (KLOE) and NHS England (formerly Health Education England) quality drivers, and is the basis of the NHS annex to the [Safe Effective Quality Occupational Health Service](https://www.seqohs.org/) (SEQOHS) standards.
* The [Ambulance Staff Crisis Phoneline](https://www.theasc.org.uk/crisis?gclid=EAIaIQobChMIpMrC3rOlggMVU8XtCh3NvQGQEAAYASAAEgIGlfD_BwE) was launched on 24 November 2022, run by The Ambulance Staff Charity. It is open to all ambulance staff and volunteers.

1. To support organisations and systems to address violence against staff, the national [Violence prevention and reduction standard](https://www.england.nhs.uk/publication/violence-prevention-and-reduction-standard/) has been refreshed to reflect feedback from 6 ICSs. It now includes a tool which organisations can use to measure their progress against the standard.
2. Staff can access the other national support offers, including financial wellbeing support, on the [supporting our NHS people webpage](https://www.england.nhs.uk/supporting-our-nhs-people/).

### 6.3 Flexible working

1. ‘We work flexibly’ is one of the components of the NHS People Promise, offering staff the opportunity to work flexibly, regardless of role, team, organisation, grade or reason. Flexible working is important to staff as it recognises their diverse needs and responsibilities, and empowers them to balance and align their professional and personal commitments such as caring responsibilities, health concerns and other life events/circumstances. By embracing flexible working practices, the NHS is demonstrating a commitment to creating a supportive and inclusive workplace culture, ultimately attracting and retaining a talented workforce. For example, when staff feel they cannot secure the flexibility they need, they are more likely to join the temporary workforce, bank or agency, rather than the substantive workforce.
2. We have developed a [flexible working manager’s guide](https://www.england.nhs.uk/wp-content/uploads/2022/06/flexible-working-toolkit-for-line-managers.pdf) (in partnership with the [NHS Staff Council](https://www.nhsemployers.org/NHSStaffCouncil) and [Timewise](https://timewise.co.uk/)), and the guidance [Flexible working: raising the standards for the NHS](https://www.england.nhs.uk/wp-content/uploads/2022/02/B0395-flexible-working-raising-the-standards-for-the-NHS.pdf) and [Flexible working: toolkit for individuals and line managers](https://www.england.nhs.uk/publication/flexible-working-toolkit-for-individuals-and-line-managers/).
3. Flexible working is encouraged from the point of recruitment, with NHS Jobs and the NHS recruiting system (Trac) enabling roles to be advertised with flexible working options. At a minimum, 25% of permanent roles should be advertised with clear flexible working options. Since September 2020 (NHS Jobs) and March 2021 (Trac), NHS England has recorded how many adverts offer flexibility, giving us an indication of the availability of flexible working opportunities across the NHS, but not the number of staff engaged on flexible terms. Jobs advertised with some form of flexibility have increased from 11.4% in April 2021 to 24.13% in August 2023.
4. In NHS England’s January 23 [People Pulse Survey](https://www.england.nhs.uk/nhs-people-pulse/), 71% of staff said they could approach their immediate leader to talk openly about flexible working, and 41% said that they feel their organisation champions flexible working.
5. ICS retention quarterly returns in August 2023 show that 50% of organisations have a board-level flexible working champion, 79% have communicated flexible working changes to terms and conditions, and 45% track applications for flexible working and outcomes.
6. Flexible working is given high priority in the [Nursing and midwifery retention self-assessment tool](https://www.england.nhs.uk/publication/nursing-and-midwifery-retention-self-assessment-tool/) (SAT).
7. NHS Staff Survey results for flexible working have improved from 51.2% in 2016 to 54.4% in 2022.
8. Our [2023 workforce deployment systems](https://www.england.nhs.uk/workforce-deployment-systems/) survey evaluates the extent to which   
   e-rostering and e-job planning are being implemented across NHS trusts based on measuring software levels of attainment (LOA) for different staff groups, on a scale of 0 to 4 (0 being no attainment and 4 indicating e-rostering is being delivered at an organisation level with board accountability). The LOA enable trusts to benchmark their progress towards optimal system use. The average LOA nationally for e-rostering was 1.7 for nursing and midwifery staff, 1.1 for AHPs and 0.5 for medical staff. While we do not aggregate LOA data across all professions, the number of trusts reporting LOA level 0 fell in 2023, demonstrating wider uptake of e-rostering systems.

### 6.4 The NHS reward offer

#### **Staff recognition framework**

1. The NHS People Promise describes staff recognition as “[a] simple thank you for our day-to-day work, formal recognition for our dedication”. The NHS Staff Survey for 2022 showed that only 52.4% of staff were satisfied with the recognition they get for good work. This has implications for staff retention since pay alone does not determine staff wellbeing, engagement and retention in the long term; praise and recognition are also critical ([Bimpong et al, 2020](https://bmjopen.bmj.com/content/10/7/e034919)). However, recognition is complex in that people’s understanding and experience of it are varied and diverse, influenced by the broader social and macroeconomic environment ([Day et al, 2021](https://onlinelibrary.wiley.com/doi/10.1111/hex.13359)).
2. During 2022/23, we worked with 5 NHS organisations, including system leaders and acute and community trusts, to develop and test a [staff recognition framework](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Flong-read%2Fstaff-recognition-framework%2F&data=05%7C01%7Cangela.walsh12%40nhs.net%7C342e6baeac034681f2c308dbd6f23c7d%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638340108099145609%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=yx9uAixaeX4alETkO0DfTsqOTgzh%2BcZH%2Fhlzvm054kA%3D&reserved=0). The framework, published in October 2023, provides evidence and guiding principles to help health and care leaders improve their understanding of and approaches to staff recognition.

#### **The reward offer**

1. The NHS Long Term Workforce Plan sets out our ambition to build on the interventions in the [NHS People Plan](https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-people-promise/) to ensure that the employment offer is attractive to people across all generations, including those who have yet to join the workforce.
2. To attract and retain the staff the NHS needs, our aim is to support system leaders to leverage the overall employment offer as part of their local people strategies, highlighting all the pay and non-pay investments employers make as part of the reward offer; from pay through to flexible working, physical, mental and financial wellbeing support, career opportunities and cutting-edge learning programmes. Developing the reward offer into an employee value proposition framework that system leaders can adopt or adapt, informed by the People Promise, will help them better articulate the benefits of NHS employment and their own unique selling points.

#### **NHS Pension Scheme (NHSPS) and reform**

1. Our [NHS equality, diversity and inclusion improvement plan](https://www.england.nhs.uk/long-read/nhs-equality-diversity-and-inclusion-improvement-plan/) references the role of the NHSPS in our efforts to reduce the risk of discrimination and to ensure all staff, whatever their protected characteristics, are aware of opportunities to work flexibly and/or prolong their working lives.
2. More staff are returning to work 2 months after retirement, rising from 22.5% in April 2018 to 30.6% in April 2023 (44% of AfC staff).
3. Additionally, the number of retirees rejoining the workforce following flexible retirement has increased slightly, from 91.5% in April 2018 to 92.2% in April 2023. However, those who retire and return to the NHS are working fewer hours, on average by 0.3 FTE.
4. As of July 2023, around 32% of our NHS workforce are aged over 50, with 19% over 55, the earliest age at which most members can choose to retire voluntarily. The percentage is much higher in some areas; for example, 41.3% of the estates and facilities workforce (responsible for the smooth running of NHS premises) are over 55. It is likely that members over age 55 who have worked in the NHS for their entire career will hold most of their benefits in the 1995 Section of the NHSPS.
5. Those in late-stage career have a wealth of skills and expertise critical to supporting the delivery of high quality, safe services for patients. At a time of workforce shortage across the health and social care sector, pension reform will influence behaviour change, persuading staff to continue working during the later stages of their career.
6. From 1 April 2023, members of the 1995 Section of the NHSPS who retire and return to the NHS can rejoin the 2015 Scheme and build more pension savings. This can be particularly important for women who make up 77% of the NHS workforce and tend to have shorter service.
7. From 1 October 2023, the introduction of partial retirement for members of the 1995 Section means they can, with the agreement of their employer, take some or all of their pension and carry on working, keeping both pay and pension. This is an important financial incentive to help persuade staff to prolong their working lives. Our expectation is that those who partially retire will reduce their working hours by less than those who choose to retire and return. At the time of writing, over 4,500 medical and non-medical staff have either taken or are in the process of applying for partial retirement.

## 7. Retention

**Retention Programme**

1. Established in April 2020, our evidence-based [Retention Programme](https://www.england.nhs.uk/looking-after-our-people/) has supported trusts and ICSs to increase workforce capacity by improving staff experience and with this retention.
2. The Retention Programme, informed by the People Promise Exemplar Programme, seeks to improve job satisfaction and address the reasons people decide to leave the NHS; for example, work-related stress, lack of line manager support, staff shortages, pay, mental health impacts and time pressure. A range of materials is available on our [national retention hub](https://www.england.nhs.uk/looking-after-our-people/).
3. For nursing and midwifery, we delivered early on the government’s [2019 manifesto](https://www.conservatives.com/our-plan) commitment to secure 50,000 more nurses by 31 March 2024.
4. We took an all staff approach through the People Promise Exemplars Programme – working with 23 trusts across all regions to implement a bundle of 5 HIAs using targeted interventions to improve staff experience and retention. This programme was extended in February 2024 to include 116 organisations.
5. In 2022/23 and 2023/24, the 5 [HIAs](https://www.england.nhs.uk/publication/retaining-our-nursing-and-midwifery-colleagues/) prioritised with all NHS trusts were:

* completing the nationally developed [retention self-assessment tool](https://www.england.nhs.uk/publication/nursing-and-midwifery-retention-self-assessment-tool/)
* encouraging staff to attend free of charge pensions seminars to demystify the NHS Pension Scheme
* implementing [menopause guidance](https://www.england.nhs.uk/long-read/supporting-our-nhs-people-through-menopause-guidance-for-line-managers-and-colleagues/)
* implementing the [national preceptorship framework](https://www.england.nhs.uk/publication/national-preceptorship-framework-for-nursing/) from September 2022
* implementing [legacy mentoring schemes](https://www.england.nhs.uk/looking-after-our-people/supporting-people-in-early-and-late-career/legacy-mentoring/).

1. The Retention Programme has funded dedicated support in each of the 42 ICSs over 2022/23 and 2023/24 to ensure retention remains a priority.
2. A new quarterly impact tracker implemented in quarter 1 2023/24 for completion by ICS retention leads includes KPIs on progress against the 5 [HIAs](https://www.england.nhs.uk/wp-content/uploads/2022/07/B1711_Retaining-our-nursing-and-midwifery-colleagues-13-July-2022.pdf) and People Promise domains. We analyse returns to understand the uptake of interventions and where targeted support may be required.

#### **All staff retention position**

1. The all staff leaver rate shows a downward trend, from a peak of 9.4% in August 2022 to 8.1% in August 2023, equivalent to the retention of an additional 14,000 staff. The leaver rate for most staff groups has reduced month on month, and rates are now stabilising at pre-pandemic levels.

## 8. Nursing workforce position

1. Nurses are the NHS’s largest single staff group, a critical part of the healthcare team needed to meet the changing demands faced by the NHS, from our growing and ageing population to the expanding frontiers of science and innovation.

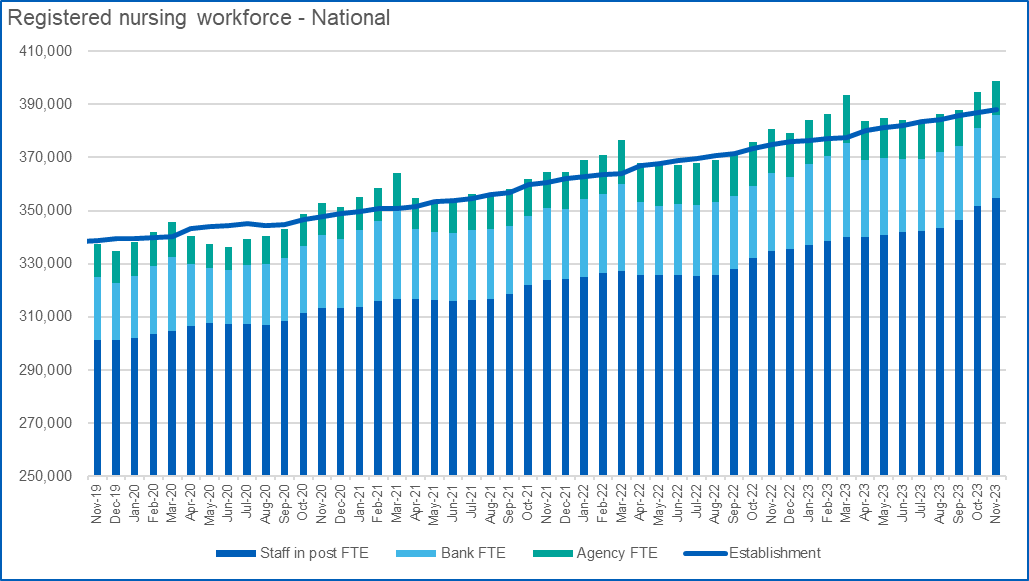
### 8.1 Nurse retention

1. Nursing leaver rates have fallen from a peak of 7.7% in April 2022 to 5.9% in November 2023, which is below the pre-pandemic baseline of 6.6% in February 2020. However, significant shortages remain given the increasing demand and historical vacancy rate.
2. Our aim is to retain our qualified nurses, particularly those in late-stage career who may decide to retire earlier than planned. Many factors influence a decision to leave the NHS (see Annex 2: Reported reasons for leaving by staff group). The NHS Staff Survey 2022 shows that 34% of nurses often think about leaving, 52% have felt unwell as a result of work-related stress and 40% have felt burnt out because of their work. Pay and reward now appears in the top 5 reasons for leaving.

### 8.2 Nursing workforce/vacancies

1. The substantive nursing workforce increased by 53,410 FTE (+17.7%) between November 2019 and November 2023. Over the same period the temporary nursing workforce increased by c8,100 FTE (+22.5%), the majority of which was attributed to an increase in bank nurse utilisation (+c7,800 FTE).

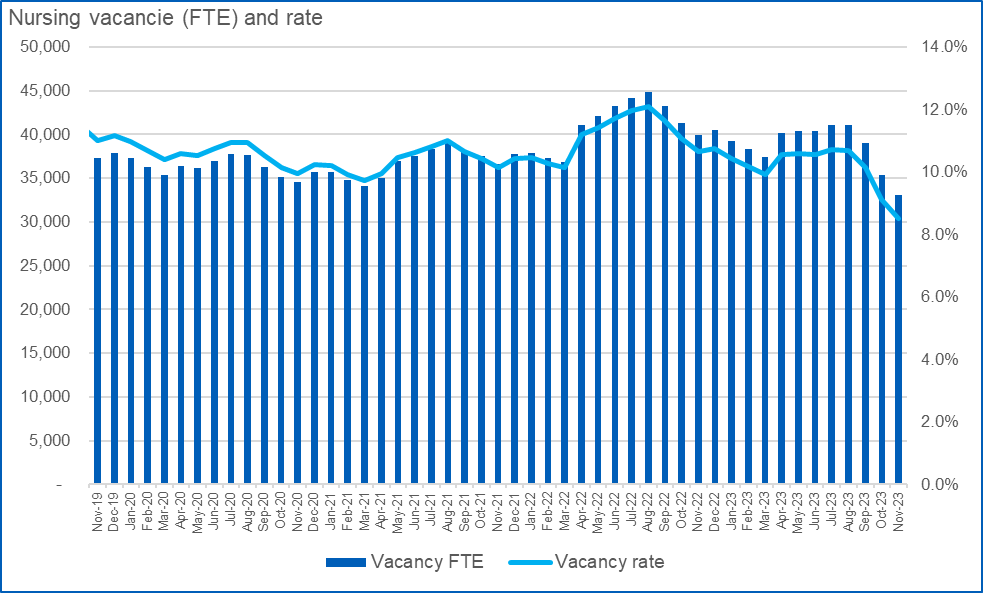
Figure 8.1: Registered nursing FTE, November 2019 to November 2023



Source: NHS England monthly provider workforce return (NHS trusts only)

1. To support the scale and spread of evidence-based good practice interventions, the Retention Programme produced resources that include a [Nursing and midwifery retention self-assessment tool](https://www.england.nhs.uk/publication/nursing-and-midwifery-retention-self-assessment-tool/), a supporting [toolkit](https://www.nhsemployers.org/publications/improving-retention-registered-nurses-and-midwives) (developed with NHS Employers), [legacy mentoring](https://www.england.nhs.uk/looking-after-our-people/supporting-people-in-early-and-late-career/legacy-mentoring/) materials and a [national preceptorship framework for nursing](https://www.england.nhs.uk/publication/national-preceptorship-framework-for-nursing/).
2. We also published [guidance](https://www.england.nhs.uk/nursingmidwifery/healthcare-support-worker-programme/a-guide-to-retaining-your-healthcare-support-worker-workforce/) on engaging and retaining healthcare support workers.
3. The reported number of advanced nursing practitioner roles has increased by 523 and specialist nursing practitioner roles by 5,233 in the past 2 years, growth that continues in line with the NHS Long Term Plan.
4. The number of substantive nursing vacancies decreased by 4,203 FTE to 33,076 FTE between November 2019 and November 2023. Due to the growth in substantive nursing staff, this means the nursing vacancy rate has decreased from 11.0% to 8.5%. Despite this improvement, the remaining workforce gap does pose a significant operational challenge to NHS providers, particularly those with especially high vacancy rates. In July 2022, the [Health Foundation’s EAL Centre](https://www.health.org.uk/publications/nhs-workforce-projections-2022) reported that the UK is below the [Organisation for Economic Co-operation and Development](https://www.oecd.org/about/) average for the number of practising nurses.

**Figure 8.2: National number and rate of nursing vacancies, November 2019 to November 2023**

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Source: NHS England monthly provider workforce return (NHS trusts only)

1. Government’s [2019 manifesto](https://www.conservatives.com/our-plan) commitment to secure 50,000 more nurses by 31 March 2024 has been met early, in November 2023. The REAL Centre’s [NHS workforce projections 2022](https://www.health.org.uk/publications/nhs-workforce-projections-2022) highlight that to sustain nurse numbers, heavy reliance on international recruitment will need to continue, particularly in the acute hospital sector.

### 8.3 Nurse education

1. [UCAS data](https://www.ucas.com/undergraduate-statistics-and-reports/ucas-undergraduate-releases/ucas-undergraduate-applicant-releases-2023-cycle) for 2023 shows a decline in acceptances on nursing courses; the 18,780 acceptances 28 days after starting a nursing course in 2023 was 12.2% below the number in 2022 and 19.8% below the number in 2021. However, nursing acceptances are ahead of 2019 and 2018. [The Health Foundation analysis](https://www.health.org.uk/publications/long-reads/how-feasible-are-the-nhs-long-term-workforce-plan-commitments-on-training) (August 2023) indicates that to meet the NHS Long Term Workforce Plan, the proportion of first year student enrolments in NHS clinical professions needs to increase significantly.
2. We have increased the number of graduates joining the profession via the postgraduate entry route, informed by [NHS England](https://www.hee.nhs.uk/sites/default/files/documents/Postgraduate%20Insight%20Research%20Report%20FINAL.pdf) research providing insights into the motivations and barriers to undertaking postgraduate entry programmes.
3. Reducing pre-registration nursing attrition remains a key focus. We now collect robust data from all English universities running a nursing degree, so we can review and analyse trends in attrition.

## 9. Midwifery workforce position

1. Our ambition of safer, more personalised and more equitable maternity care can only be delivered by skilled teams with sufficient capacity. The NHS [2023/24 priorities and operational planning guidance](https://www.england.nhs.uk/wp-content/uploads/2022/12/PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf) set a key objective to increase fill rates against funded establishment for maternity staff, and trusts are responding.

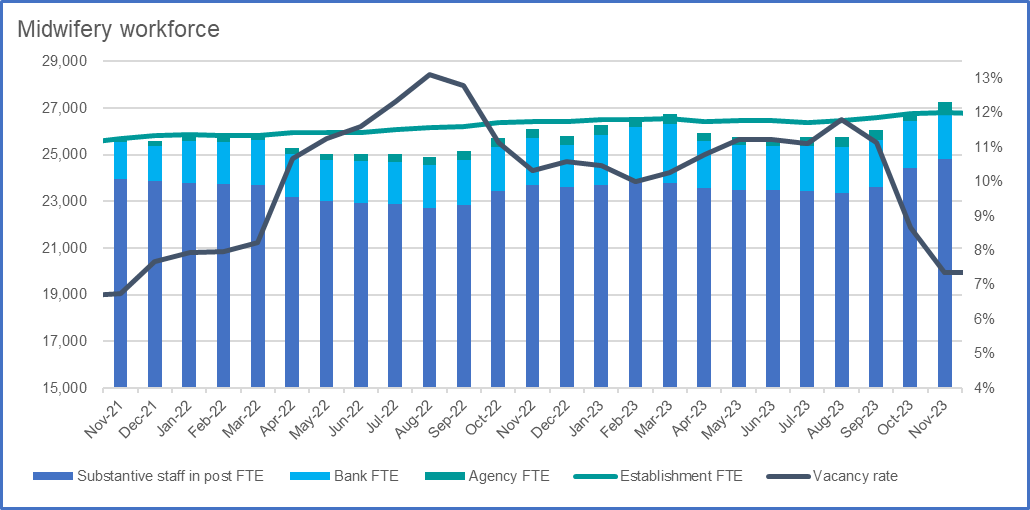
### 9.1 Midwife supply

1. The number of starters on midwifery degree courses has increased by 4,096 over the 4 years up to 2023, exceeding by more than 400 the target agreed with government of 3,650 more starters over that period. Between 2021 and 2023/24, we expect our [Maternity International Recruitment Programme](https://www.england.nhs.uk/nursingmidwifery/international-recruitment/) to provide an additional 1,000 FTE midwives and to date over 1,000 have already arrived in the country. We have also commissioned services to help candidates with their English and worked with partners to increase test centre capacity by 25% to ensure more midwives can take their [objective structured clinical examination](https://www.nmc.org.uk/globalassets/procurement/nmc-osce-procurement-overview.pdf) (OSCE).

### 9.2 Midwife vacancies

1. There are currently a reported c2,000 FTE midwifery vacancies, a decrease of 1,400 FTE from the peak of 3,400 FTE vacancies in August 2022. This decrease has largely been driven by recent investments to increase the number of midwifery posts following the [Ockenden review](https://www.gov.uk/government/publications/final-report-of-the-ockenden-review) recommendations in spring 2021. Between November 2022 and November 2023, the substantive midwifery employed workforce increased by 1,135 FTE (+4.8%) to 24,834 FTE.
2. Leaver rates (midwives leaving the profession) have reduced to 5.1%, from their peak of 7.3% in August 2022. This improved position has been supported with an investment of £12 million for a range of national programmes and interventions, including for trusts to employ retention leads in each maternity unit.

**Figure 9.1: Substantive midwifery workforce, November 2021 to November 2023**

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Source: NHS England monthly provider workforce return (NHS trusts only)

1. We recognise that recent and ongoing enquires into maternity services could damage perceptions of the service and reduce the attractiveness of the profession to potential new joiners. In 2023, [UCAS](https://www.ucas.com/undergraduate-statistics-and-reports/ucas-undergraduate-releases/ucas-undergraduate-applicant-releases-2023-cycle) reported that applications to midwifery undergraduate programmes in England have decreased by 2,080 to 8,090, a 20.5% fall compared to 2022.

## 10. Allied health professions workforce position

1. [Allied health professionals](https://www.england.nhs.uk/ahp/role/) (AHPs) are the third largest clinical workforce in the NHS. They are largely degree-level professionals and professionally autonomous practitioners; 14 of the 15 allied health professions are regulated by the [Health and Care Professions Council](https://www.hcpc-uk.org/public/which-professions-do-hcpc-regulate/), with osteopaths regulated by the [General Osteopathic Council](https://www.osteopathy.org.uk/home/). The importance of their work and the broad spectrum of practice is recognised in Section 2 of the [NHS Long Term Workforce P](https://www.england.nhs.uk/long-read/accessible-nhs-long-term-workforce-plan/#:~:text=With%20full%20implementation%20over%20the,nurses%2C%2071%2C000%E2%80%9376%2C000%20allied%20health)lan and the report [Nonmedical prescribing: where are we now?](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4959632/).
2. The number of AHPs employed in the NHS has grown over the last 8 years by around 24,000, supported by training more AHPs since 2014 across most professions. Over 109,000 FTE AHPs are currently employed.

**Figure 10.1: FTE AHP headcount, 2014 to 2023**

A graph with numbers and lines

Description automatically generated

Source: Electronic Staff Record

**Figure 10.2: Percentage change in the AHP workforce, 2018 to 2023**

A graph with a line going up

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Source: Electronic Staff Record

### 10.1 Allied health professionals retention

1. NHS AHP leaver and turnover rates are lower than for all staff combined and follow a similar trend. The leaver rate has fallen to 6.7% at June 2023 from its peak of 7.6% between April and August 2022, but it is still higher than in March 2021 at 5.2%. Aside from retirement, the highest leaver rates are in years 2 to 4.

**Figure 10.3: AHP leaver rates, 2019 to 2023**

A graph showing the growth of the lower rate of the stock market

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Source: ESR data

**Figure 10.4: AHP turnover rates, 2019 to 2023**

A graph showing the growth of the company's growth

Description automatically generatedSource: ESR data

1. Most AHPs cite relocation, pay and reward, and work/life balance as their reason for leaving the NHS. See Annex 3: AHPs’ reasons for leaving their post, 2018–2023.

### 10.2 Allied health professionals vacancies

1. There is substantial variation in vacancy rates across the allied health professions, with rates highest rates for podiatry (13.9%), occupational therapy (12.9%), operating department practitioners (12.8%) and diagnostic radiography (10.5%). This poses an operational challenge for services and has an adverse impact on our population’s health outcomes.

**Table 10.1: AHP vacancy rates**

|  |  |
| --- | --- |
| **AHP vacancies** | **Vacancy rate (%)** |
| Podiatry | 13.9 |
| Dietetics | 9.3 |
| Occupational therapy | 12.9 |
| Orthoptics | 7.3 |
| Physiotherapy | 6.7 |
| Radiography (diagnostic) | 10.5 |
| Radiography (therapeutic) | 7.7 |
| Art/music/drama therapy | 4.5 |
| Prosthetics and orthotics | 4\* |
| Speech and language therapy | 9.2 |
| Operating department practitioners | 12.8 |
| Osteopathy | 0\*\* |
| Paramedics | 6.8 |
| **Total** | **9.4** |

Source: NHS Digital and vacancy FTE from NHS England provider workforce return

\* Prosthetists and orthotists are mostly employed by private companies that have a contract with the NHS

\*\* Osteopaths currently operate mostly in the private sector

1. Workforce demand for AHPs continues to increase, and supply to the NHS is particularly challenged by the attractiveness of pay and conditions in the private sector. More than 40% of the AHP workforce works in the private sector. In addition, vacancies can have a greater impact on the smaller allied health professions than the larger ones. For example, there may only be 1 speech and language therapist covering 3 or more schools.

### 10.3 AHP registration retention

1. AHPs need to be registered with the [Health and Care Professions Council](https://www.hcpc-uk.org/) (HCPC) to practise with their protected title. From analysis of the HCPC register in 2023:

* 5.7% (equivalent to 1 in 18) of all new registrants had deregistered within 4 years, most do so at years 2 to 4
* deregistration rates varied between professions, from 1.8% for paramedics (1 in 56) to 12.8% for prosthetists/orthotists (1 in 8)
* there is strong evidence of a link between profession size and deregistration rate, with new registrants in the smaller professions appearing more likely to deregister within 4 years
* deregistration rates varied between the UK nations/English regions where qualifying training took place (training areas) and between the nationalities of registrants, with the latter likely to account for much of the former.

#### **Addressing the AHP workforce supply gap through retention**

1. AHPs are being increasingly recognised for their value because of their level of autonomy and diagnostic skills. However, vacancy rates for many AHPs remain high (their highest level in 3 years) and are an operational challenge, particularly at early-stage career.

### 10.4 AHP urgent and emergency care

1. NHS Staff Survey results in ambulance trusts are far below those of other NHS organisations. While preceptorship exists for paramedics, a significant proportion of paramedics still leave after 2 to 3 years. We continue to see sustained high leaver rates across call handlers, and we know a high volume of call handlers leave within their first year – most are under 30.
2. In addition to local action, nationally we have supported ambulance trusts by:

* Developing a ‘stay’ interview framework and guidance.
* Embedding the newly launched [NHS England AHP preceptorship standards and framework](https://www.hee.nhs.uk/our-work/allied-health-professions/education-employment/national-allied-health-professionals-preceptorship-foundation-support-programme) to drive apprenticeships, general training and preceptorship, and developing best practice guidance specifically for paramedics undertaking a preceptorship period. We also aim to improve the apprenticeship training route throughput in line with the Mental Health reform.

## 11. Mental health

177. Mental health workforce changes as set out as part of the [NHS People Plan](https://www.england.nhs.uk/ournhspeople/), aims to increase capacity and improve skill mix by optimising multidisciplinary team working:

* By redesigning and extending roles, expanding education and training opportunities and developing senior roles as part of a stepped career framework to encourage retention and job satisfaction.
* Increasing the supply of clinical psychologists to work across mental and physical health and to support the increasing use of trauma- and psychologically-informed care in physical health services and long-term conditions management.
* In response to the [Independent review of drugs by Dame Carol Black](https://www.gov.uk/government/publications/independent-review-of-drugs-by-dame-carol-black-government-response) (2021) and the government’s [alcohol and drugs evidence reviews](https://www.gov.uk/government/collections/alcohol-and-drugs-evidence-reviews-and-inquiries) and inquiries, we are working in partnership with DHSC’s [Family Hubs and Start for Life Programme](https://www.gov.uk/government/collections/family-hubs-and-start-for-life-programme#:~:text=The%20Family%20Hubs%20and%20Start%20for%20Life%20programme%20helps%20meet,and%20Social%20Care%20(%20DHSC%20).) on the delivery of [The best start for life: a vision for the 1,001 critical days](https://assets.publishing.service.gov.uk/media/605c5e61d3bf7f2f0d94183a/The_best_start_for_life_a_vision_for_the_1_001_critical_days.pdf).
* We commissioned the [Independent review into gender identity services for children and young people](https://www.england.nhs.uk/commissioning/spec-services/npc-crg/gender-dysphoria-clinical-programme/implementing-advice-from-the-cass-review/independent-review-into-gender-identity-services-for-children-and-young-people/#:~:text=The%20Cass%20Review%20was%20commissioned,of%20care%20into%20the%20future.) led by Dr Hilary Cass, and work in partnership to scope existing training for the specialist and wider workforce and gap analysis.

### 12. Pharmacy

187. We are supporting wider activity to reduce the pressure on general practice by ensuring the appropriate use of pharmacy professionals’ clinical skills, helping patients get the right care, at the right time, in the right place.

188. In the [2022/23 education and training tariff guidance](https://www.hee.nhs.uk/our-work/education-funding-reform/dhsc-healthcare-education-training-tariff), DHSC confirmed that providers of placements in England for pharmacy undergraduates will, for the first time, be eligible for clinical placement funding (implemented from September 2022). This replaces local funding arrangements and allows a consistent approach to the funding of all pharmacy placement activity across England.

189. As set out in the [NHS People Plan](https://www.england.nhs.uk/ournhspeople/), we are offering training for 50 community-based specialist mental health pharmacists to support development of this workforce. Places will initially be offered to pharmacists in [community mental health](https://www.england.nhs.uk/mental-health/adults/cmhs/) teams, with consideration of other pharmacy staff in future cohorts. In spring 2023, there were an additional 70 new practitioners.

191. The [Pharmacy Technician Workforce Expansion Project](https://www.hee.nhs.uk/our-work/pharmacy/national-training-offers-pharmacy-professionals/training-offers-pharmacy-technicians-pre-registration-trainee-pharmacy-technicians) is ongoing. It helps employers develop [pre-registration trainee pharmacy technicians](https://www.lasepharmacy.hee.nhs.uk/pre-reg-trainees/pre-registration-trainee-pharmacy-technicians/) across England as part of a cross-sector programme or by providing a single sector training placement in community pharmacy. We are supporting expansion of trainee pharmacist cross-sector placements within health and justice.

## 13. Apprenticeships

192. The NHS achieved over 25,000 apprenticeship starts in the 2021/22 academic year (a full year of data for 2022/23 is not yet available), more than any previous academic year and an indicator of a recovery following COVID-19 challenges.

193. NHS trusts have committed to spend more levy against the rising apprenticeship numbers forecasted. The total NHS levy is now over £300 million per year, with £203.5 million spent in 2021/22 (a 30.2% increase on the £156.3 million spent in 2020/21, which was a 21.9% increase on the £128.2 million spent in 2019/20; a full year of data for 2022/23 is not yet available). So far, we have facilitated over £25 million in levy transfers from other industries into and across health and social care to help meet employer plans.

194. Since the implementation of the apprenticeship reforms and inception of the levy in 2016, there have been over 134,000 apprenticeship starts, with about a 60% clinical and 40% non-clinical. The most popular apprenticeships in the NHS are:

* nursing associate (18,045)
* business administrator (15,492)
* senior healthcare support worker (10,832)
* healthcare support worker (10,454)
* registered nurse degree (8,767)
* team leader/supervisor (6,569).

195. Higher and degree-level apprenticeships for staff have increased, with 64% of apprenticeships in 2021/22 at level 4 or above compared to 27% in 2017/18 (full year data for 2022/23 is not yet available). This supports the effort to widen participation, by giving more colleagues access to degree-level education.

#### **New talent pipelines**

196. We are facilitating and supporting employers to work with different partners on solutions for implementing apprenticeships, and identifying and attracting staff from a range of backgrounds. This will help increase capacity and the aspirations of [levelling up](https://hansard.parliament.uk/commons/2023-03-16/debates/23031631000011/LevellingUpUpdate) by supporting people with non-traditional education achievements into employment, education and career progression.

**Learning from implementation**

197.Evidence is emerging from the early implementers of all apprenticeships, including degree apprenticeships, that on-programme attrition is low (4% compared to almost 100% for those taking a postgraduate route into employment) and retention (post-qualifying) is high through the apprenticeship route. In December 2020, NHS Employers published a [case study](https://www.nhsemployers.org/articles/retaining-100-cent-nurse-degree-apprentices) in which an NHS organisation retained all those who completed a registered nurse degree apprenticeship.

198. Table 12.1 shows the number of apprenticeship starts across NHS trusts and [community interest companies](https://assets.publishing.service.gov.uk/media/5a81c8abed915d74e34000a0/13-782-community-interest-companies-frequently-asked-questions-for-funding-organisations.pdf) (CICs), broken down by apprenticeship standards – clinical and non-clinical subjects.

**Table 13.1: Apprentice starts in clinical roles, academic year 2026/17 to 2022/23**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2016/17** | **2017/18** | **2018/19** | **2019/20** | **2020/21** | **2021/22** | **2022/23\*** | **Total** |
| **Clinical starts** | 1,019 | 9,081 | 13,291 | 11,376 | 14,187 | 15,189 | 13,796 | 77,939 |
| **Non-clinical starts** | 793 | 8,593 | 9,732 | 8,984 | 9,124 | 9,868 | 65,23 | 53,617 |

Source: Department for Education

\* 2022/23 data represents quarter 1 to quarter 3 of the academic year (August 2022 to April 2023)

1. Table 13.2 shows the number of apprenticeships starts in clinical subjects across NHS trusts, broken down by academic level, and Table 13.3 the ambition for expanding the apprenticeship contribution to the nursing and AHP workforce by 2031.

**Table 13.2: Apprentice starts in clinical roles – NHS trusts and CICs, academic year 2016/17 to 2022/23**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Clinical apprenticeship starts by level** | **2016/17** | **2017/18** | **2018/19** | **2019/20** | **2020/21** | **2021/22** | **2022/23\*** | **Totals** |
| **Level 2** | 581 | 3,687 | 3,234 | 2,516 | 2,040 | 1,878 | 1,509 | 15,445 |
| **Level 3** | 181 | 2,092 | 2,822 | 2,187 | 3,078 | 2,891 | 1,965 | 15,216 |
| **Level 4** | 121 | 697 | 1,094 | 1,101 | 1,072 | 213 | 984 | 5,282 |
| **Level 5** | 136 | 2,217 | 4,764 | 3,744 | 3,994 | 3,510 | 3,656 | 22,021 |
| **Level 6** | 0 | 388 | 1,159 | 1,239 | 3,068 | 4,703 | 4,426 | 14,983 |
| **Level 7** | 0 | 0 | 218 | 589 | 935 | 1,348 | 1,256 | 4,346 |

Source: Department for Education

\* 2022/23 data represents quarter 1 to quarter 3 of the academic year (August 2022 to April 2023)

**Table 13.3: Expansion of nursing and AHP apprenticeships by role, by 2031**

|  |  |  |
| --- | --- | --- |
| **Apprenticeship type** | **Role** | **% apprenticeships (of annual intake)** |
| **Nursing** | Nursing – adult branch | 30% |
| Nursing – learning disability branch | 42% |
| Nursing – mental health branch | 30% |
| **Allied health professionals** | Prosthetists and orthotists | 25–50% |
| Dietitians | 25–50% |
| Occupational therapists | 25–50% |
| Operating department practitioners | 80% |
| Paramedics | 25–50% |
| Physiotherapists | 5% |
| Podiatrists | 80% |
| Radiographers (diagnostic) | 25–50% |
| Radiographers (therapeutic) | 80% |
| Speech and language therapists | 5% |

Source: NHS Long Term Workforce Plan

## 14. Reducing agency spend and temporary staffing

1. Data is drawn from published provider accounts, with those for 2022/23 being the latest available in NHS England’s [financial performance reports](https://www.england.nhs.uk/publications/financial-performance-reports/).
2. As set out in our [2023/24 priorities and operational planning guidance](https://www.england.nhs.uk/wp-content/uploads/2022/12/PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf), a priority has been reducing agency spending across the NHS to 3.7% of the total pay bill. We published toolkits on the FutureNHS platform to support organisations with this.
3. Our aim is to increase the substantive workforce by bearing down on expensive agency costs and move towards a more sustainable model of temporary staffing. We are supporting trusts to promote the use of their own banks and the development of collaborative banks across systems. We want the NHS to have an effective and affordable flexible staffing solution for all staff groups.
4. The NHS has made progress in optimising temporary staffing spend by NHS trusts despite workforce and capacity shortages. The increase in bank spend reflects the flexibility needed to meet fluctuating demand, including seasonal peaks and variations.
5. NHS England reintroduced measures in September 2022 to control agency expenditure in NHS trusts, including a system agency expenditure limit. Metrics to monitor agency usage are included in the [NHS Oversight Framework](https://www.england.nhs.uk/nhs-oversight-framework/), reinforcing the rules that NHS trusts and foundation trusts should comply with.
6. The introduction of price caps as part of a wider package of agency controls in 2016 reduced total agency spend from a peak of £3.6 billion in 2015/16 to £3.5 billion at the end of 2022/23. However, despite this £100 million cost reduction, demand for workforce during the pandemic pushed agency spend as a percentage of the wage bill from 4.0% in 2019/20 to 4.5% by the end of 2022/23; it had been 7.9% in 2015/16.
7. This reduction in agency spend has largely been achieved by more than halving the proportion of temporary staffing shifts filled by agency staff, from 50% in 2017/18 to 23% in 2022/23.
8. Agency shifts (excluding medical and dental) have decreased from 45% in 2017/18 to 22% in 2022/23, while bank shifts (excluding medical and dental) have increased from 55% to 78% over the same period, reflecting our strategy to procure more of the NHS’s temporary staffing through internal staff banks. With this, the proportion of agency spend (excluding medical and dental) as a share of overall temporary staffing has fallen from 38% in 2017/18 to 35% in 2022/23.
9. Bank staff spend (excluding medical and dental) as a percentage of temporary staffing spend has risen from 62% in 2017/18 to 65% in 2022/23.

Figure 14.1: Temporary staffing as percentage of total wage bill in NHS trusts, 2015/16 to 2022/23

Source: Internal reporting requirements informed by trusts’ monthly finance and staffing submissions

1. Collaborative bank data is collected quarterly and published yearly through the NHS England submission to the NHS Pay Review Body. There are 67 trusts in a collaborative bank arrangement, with 27 such arrangements set up. A further 30 trusts are in the planning stage.
2. Of 42 ICSs, 29 have a collaborative bank, with each of the 7 regions having at least one. Collaborative banks enable systems to work in partnership to make the most effective use of available resources. Most established and developing collaborative banks include medical and dental as a staff group.
3. Work on bank development continues. The Bank Programme will support trusts and ICSs to improve their staff banks and work collaboratively through self-directed learning, face-to-face support and group improvement activities. It aims to help providers ‘unblock’ any barriers to collaborative working.
4. The national temporary staffing programme contributes to several initiatives described in the NHS Long Term Workforce Plan. This includes setting out the expansion of new and extended roles to increase the breadth of skills within multidisciplinary teams. When implemented successfully, these roles can increase productivity by ensuring there is sufficient workforce capacity, making reliance on temporary staffing less likely. Workstreams are eliminating off-framework agency supply into the NHS, supporting trusts to improve price cap compliance, and helping accelerate bank collaborative arrangements.
5. The control measures reintroduced from September 2022 for agency expenditure focus on internal banks as the way to provide the NHS’s temporary staffing needs. As part of this, there is an increasing focus on collaborative banks across ICSs as part of the [Bank Programme](https://www.england.nhs.uk/ournhspeople/online-version/growing-for-the-future/alignment-and-collaboration-across-health-and-care-systems/).

## 15. Equality, diversity and inclusion

### 15.1 NHS equality, diversity and inclusion (EDI) improvement plan

220. The [NHS EDI improvement plan](https://www.england.nhs.uk/publication/nhs-edi-improvement-plan/)*,* published on 8 June 2023, draws on the growing evidence base in healthcare and other sectors that is informing why EDI is a key foundation for creating an efficient, productive and safe NHS. It is the umbrella for all our strategic activities to help meet the challenges of EDI in the NHS. It contains 6 HIAs covering all protected characteristics, co-produced with staff networks and senior leaders, and outlines the support NHS England will provide. ICBs will use the plan as a template to produce their own local EDI improvement plans.

221. The plan’s strategic objectives are to:

* Address discrimination so that staff are empowered to use their full range of skills and experience to deliver the best possible patient care.
* Increase the accountability of all leaders to embed inclusive leadership and promote equal opportunities and fairness of outcomes in line with the [NHS Constitution](https://www.gov.uk/government/publications/the-nhs-constitution-for-england" \t "_blank), the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents), [Combatting racial discrimination against minority ethnic nurses, midwives and nursing associates](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fpublication%2Fcombatting-racial-discrimination-against-minority-ethnic-nurses-midwives-and-nursing-associates%2F&data=05%7C02%7Cangela.walsh12%40nhs.net%7C7e6e638e8260495c89b208dc23d39b05%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638424638941958857%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=aw0PKhsLnz7GGrlwjlSfGqA1LXhkQMQjOeSfigeKUE0%3D&reserved=0) and the [Messenger Review](https://www.gov.uk/government/publications/health-and-social-care-review-leadership-for-a-collaborative-and-inclusive-future/leadership-for-a-collaborative-and-inclusive-future).
* Support the levelling up agenda by improving EDI within the NHS workforce to enhance the NHS’s reputation as a modern employer and an anchor institution, thereby attracting diverse talent to our workforce.
* Increase equality of opportunity for progression and growth in the NHS, facilitating social mobility in the communities we serve.

### 15.2 National EDI Repository and EDI dashboard

222. The EDI dashboard is available on the [Model Health System](https://www.england.nhs.uk/applications/model-hospital/). It provides a suite of aggregated metrics and indicators aligned to the 6 HIAs in the EDI plan, enabling NHS organisations to track the impact of specific actions. The national EDI repository on the FutureNHS platform includes best practice resources aligned to these 6 HIAs for organisations to adapt and use at local level.

223. The dashboard aggregates and triangulates multiple workforce datasets, including the:

* [NHS Staff Survey](https://www.nhsstaffsurveys.com/results/national-results/)
* [NHS Workforce Race Equality Standard (WRES)](https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/equality-standard/)
* [Workforce Disability Equality Standard (WDES)](https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/wdes/)
* [gender pay gap](https://commonslibrary.parliament.uk/research-briefings/sn07068/)
* [National Education and Training Survey (NETS)](https://www.hee.nhs.uk/our-work/quality/national-education-training-survey-nets).

1. The [Equalities and Human Rights Commission](https://www.equalityhumanrights.com/) will review the metrics on the dashboard to support its investigations. The CQC will review organisational performance on EDI using these metrics to inform its well-led assessments.
2. Organisations will be able to benchmark themselves at organisation and system level using data and insights into staff experience and organisational culture for all NHS providers and systems. NHS England will use the dashboard to monitor implementation and impact at a national level and identify where additional support may be required.

### 15.3 Diversity and ability

1. We are working with [Diversity and Ability](https://diversityandability.com/), together with the government’s [Access to Work](https://www.gov.uk/access-to-work), to improve awareness of information on adjustments among newly qualified health learners. Supported by the [Find Your Way guide](https://diversityandability.com/nhs-toolkit/health-professionals-atw/), this is to drive down attrition rates, including for health learners who have long-term conditions, mental health issues or are living with the long-term effects of COVID-19,.
2. We continue to work with Diversity and Ability, NHS Employers and the [Disabled Students’ Commission](https://www.hee.nhs.uk/news-blogs-events/news/joint-ambition-disabled-students-commission-health-education-england-published-today) to determine the most cost-effective way to scale and spread this work as a multiprofessional response, and to maintain alignment with our NHS EDI Improvement Plan and NHS Long Term Workforce Plan.

#### **High quality learning environments**

1. Our [quality framework](https://nshcs.hee.nhs.uk/publications/health-education-england-hee-quality-framework-from-2021/) for healthcare training and education seeks to support parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required. Service pressures and workforce shortages are negatively impacting on the current capacity of practice educators. The [Educator Workforce Strategy](https://www.hee.nhs.uk/sites/default/files/EducatorWorkforceStrategy.pdf) highlights the need to ensure this workforce is developed and supported, with sufficient resource and time for education and training, to provide the current and future clinical workforce the NHS requires.

#### **Project Choice**

1. [Education and Skills Funding Agency](https://www.gov.uk/government/organisations/education-and-skills-funding-agency) (ESFA) contracts our partner (Project Choice) as a specialist post-16 college to deliver high quality provision for vulnerable interns with learning difficulties, disabilities and/or who are autistic. We directly receive funding to support the college’s supported internship course.
2. The college is hosted at national level and monitored by Ofsted. It was graded overall as Good at its first inspection in December 2019. Overall, the college has achieved 92% retention and 83% success rates over the 5 years since it was established.
3. Local authorities commission high needs places at the college each academic year for young people aged 16–24 years with [education, health and care plans](https://www.gov.uk/children-with-special-educational-needs/extra-SEN-help#:~:text=An%20education%2C%20health%20and%20care,support%20to%20meet%20those%20needs.). Currently, 176 students are enrolled at the college, supported by 18 NHS trusts and 40 local authorities.

## 16. Enabling staff movement

1. The [Enabling staff movement toolkit](https://www.england.nhs.uk/enabling-staff-movement-toolkit/) published in 2019 helps organisations remove barriers to staff movement, by providing sample ‘warranty’ text, case studies and signposted resources. An updated toolkit will be published shortly.
2. [A digital staff passport](https://www.england.nhs.uk/enabling-staff-movement-toolkit/) is widely accepted as a strategic modern solution to more efficient deployment of an agile and responsive workforce, enabling the right people with the right skills to be safely deployed to the right place, quickly, efficiently and securely. The passport holds a secure and verified portfolio of people’s qualifications, professional registration, employment history, competence and assessed experience so that they do not need to repeat form filling, checks and training when moving between NHS employing organisations.
3. We are collaborating with the NHS Business Services Authority and other partners to launch the NHS digital staff passport, initially to 5 pilot organisations and then up to 16 early adopter sites in Spring 2024. Postgraduate doctors will be the first cohort to adopt the digital staff passport for their rotations, as well as temporary staff movers (those who have a substantive contract with one NHS organisation and work at another; for example, as part of a clinical network). We aim to have the passport available to all staff by August 2025 as set out in the NHS Long Term Workforce Plan.

## Annex 1: NHS Staff Survey analysis methodology

1. Staff engagement is a well-evidenced indicator that has been tracked through the annual NHS Staff Survey for many years, and from 2021/22 it is also measured quarterly for all trusts. It is made up of three sub-themes: motivation, involvement and advocacy. We examined links between the engagement of staff working in the NHS in England and a variety of individual and organisational outcome measures within trusts.
2. Using a fixed effects model with 2019 data, we found staff engagement has a positive and statistically significant impact on trusts’ outcome measures. In particular, trusts with a higher level of staff engagement are likely to have lower sickness absence, methicillin-resistant Staphylococcus aureus (MRSA) and mortality rates, and higher recommended rate and lower unrecommended rate in the inpatient satisfaction survey.
3. Through correctional analysis, we found a strong correlation between the employee engagement theme and patient safety questions in the NHS Staff Survey, as well as moderate correlation with the patient experience questions.
4. In-depth analysis of over 18,000 free text comments from the [National Quarterly Pulse Survey](https://www.england.nhs.uk/fft/nqps/) collected in July 2022 shows that colleagues are concerned about their health and wellbeing due to staff shortages causing them stress as well as feeling unrecognised for their efforts.

## Annex 2: Reported reasons for leaving by staff group

| **Staff group** | **2020/21** | **2021/22** | **2022/23** |
| --- | --- | --- | --- |
| **Midwives** | **2,234** | **2,846** | **2,378** |
| Retirement | 630 | 906 | 539 |
| Relocation | 519 | 561 | 512 |
| Work/life balance | 269 | 472 | 471 |
| Unknown | 234 | 387 | 312 |
| Pay/reward | 144 | 218 | 220 |
| Progression/CPD | 68 | 71 | 80 |
| Health | 62 | 76 | 70 |
| Flexibility | 32 | 45 | 46 |
| Dismissal | 26 | 25 | 37 |
| Incompatible working relationships | 10 | 20 | 31 |
| End of fixed term | 65 | 21 | 28 |
| Workforce transformation | 161 | 27 | 13 |
| Death in service | 11 | 13 | 10 |
| Other | 4 | 4 | 10 |
| **AHPs** | **9,083** | **11,881** | **11,225** |
| Relocation | 2,124 | 2,773 | 2,633 |
| Pay/reward | 1,799 | 2,361 | 2,286 |
| Work/life balance | 1,095 | 1,741 | 1,785 |
| Unknown | 1,243 | 1,691 | 1,665 |
| Retirement | 1,140 | 1,383 | 1,197 |
| Progression/CPD | 453 | 639 | 578 |
| End of fixed term | 477 | 286 | 283 |
| Health | 138 | 242 | 209 |
| Workforce transformation | 297 | 395 | 183 |
| Flexibility | 135 | 140 | 169 |
| Dismissal | 74 | 82 | 86 |
| Incompatible working relationships | 55 | 94 | 83 |
| Death in service | 37 | 32 | 45 |
| Other | 14 | 22 | 24 |
| Pregnancy | 0 | 1 | 1 |
| **Qualified ambulance service staff** | **1,099** | **1,759** | **1,812** |
| Unknown | 299 | 479 | 485 |
| Relocation | 239 | 317 | 292 |
| Work/life balance | 113 | 236 | 260 |
| Retirement | 178 | 253 | 243 |
| Pay/reward | 99 | 183 | 228 |
| Progression/CPD | 43 | 105 | 88 |
| Dismissal | 34 | 51 | 69 |
| Health | 38 | 61 | 58 |
| Incompatible working relationships | 14 | 23 | 24 |
| Flexibility | 4 | 13 | 20 |
| Workforce transformation | 12 | 15 | 18 |
| Death in service | 21 | 13 | 11 |
| End of fixed term | 3 | 5 | 8 |
| Other | 3 | 5 | 6 |
| Pregnancy | 0 | 0 | 1 |
| **Registered nurses** | **32,603** | **38,115** | **35,207** |
| Relocation | 5,929 | 7,090 | 7,234 |
| Retirement | 7,368 | 8,962 | 6,958 |
| Work/life balance | 4,216 | 5,783 | 5,833 |
| Unknown | 4,602 | 5,605 | 5,282 |
| Pay/reward | 3,644 | 4,786 | 4,516 |
| Progression/CPD | 1,015 | 1,212 | 1,021 |
| Health | 787 | 1,013 | 967 |
| Flexibility | 598 | 742 | 802 |
| End of fixed term | 1,251 | 1,000 | 775 |
| Workforce transformation | 2,179 | 925 | 765 |
| Dismissal | 400 | 385 | 428 |
| Incompatible working relationships | 253 | 331 | 341 |
| Death in service | 240 | 182 | 190 |
| Other | 116 | 95 | 90 |
| Pregnancy | 4 | 3 | 4 |

Source: Unpublished reporting from ESR data (50,000)

Staff records data (50,000)

## Annex 3: AHPs’ reasons for leaving their post 2018 to 2023

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reason for leaving** | **2018/19** | **2019/20** | **2020/21** | **2021/22** | **2022/23** |
| **Total** | **10,544.3** | **10,738.8** | **9,082.5** | **11,880.9** | **11,224.8** |
| Relocation | 2,405.5 | 2,518.7 | 2,123.9 | 2,772.9 | 2,633.1 |
| Pay and reward | 1,878.9 | 1,897.0 | 1,799.3 | 2,361.2 | 2,285.9 |
| Work/life balance | 1,267.0 | 1,311.8 | 1,095.0 | 1,741.4 | 1,785.1 |
| Unknown | 1,842.0 | 1,627.5 | 1,243.4 | 1,690.8 | 1,664.9 |
| Retirement | 1,058.0 | 1,142.1 | 1,140.4 | 1,383.0 | 1,196.8 |
| Progression/continuing professional development (CPD) | 494.5 | 530.6 | 452.8 | 638.8 | 577.6 |
| End of fixed term | 305.7 | 279.7 | 477.1 | 285.5 | 283.0 |
| Health | 142.0 | 142.7 | 138.4 | 242.0 | 208.8 |
| Workforce transformation | 732.7 | 917.5 | 296.8 | 394.5 | 182.6 |
| Flexibility | 167.4 | 149.0 | 135.0 | 139.8 | 169.0 |
| Dismissal | 112.0 | 98.2 | 74.4 | 81.6 | 85.9 |
| Incompatible working relationships | 88.1 | 78.9 | 55.0 | 93.5 | 83.1 |
| Death in service | 25.8 | 27.8 | 37.4 | 32.2 | 44.7 |
| Other | 24.0 | 15.3 | 13.7 | 22.4 | 23.7 |
| Pregnancy | 0.8 | 2.0 | 0 | 1.0 | 0.6 |

Source: ESR data