INSTITUTE FOR GOVERNMENT

Retention in public services

How can government keep workers
in the NHS, schools and police?

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About this report

Public services depend on happy, stable workforces to keep the public safe, healthy and well educated. But public sector workforces face problems, from loss of experienced staff to high turnover and vacancies. This report outlines the recent workforce trends and the impact of poor retention on public service performance. We analyse the causes of high staff exit rates and offer recommendations for overcoming these.

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Summary

Public services are responsible for keeping the public safe, healthy and well educated. This relies on the work of millions of people across the country. The NHS alone has a workforce of around 1.2 million,[1] making it one of the largest employers in the world.[2] Schools employ nearly a million more,[3] and the police 225,000.[*,4]

But that workforce is not a happy or stable one. Workforce problems persist across public services, from loss of experienced staff to high turnover and vacancies. Taken together, these act as a drag on performance – which in most cases is still worse than before the pandemic, and substantially worse than in 2010.[5]

The government's focus has been on recruiting more staff: 50,000 more nurses, 6,000 more GPs and 20,000 more police officers were all key pledges in the Conservatives' 2019 election manifesto. However, new recruits will only ever make up a minority of total workforces, and take time to acquire the knowledge, experience and organisational memory that makes public services tick.

Public service effectiveness depends on keeping existing workforces skilled, motivated – and, crucially, in post. Yet relatively little attention has been paid to retention. This report addresses that gap by assessing the scale, impact, causes and solutions to retention problems in three key public services: the NHS, schools and the police.

Leaving rates vary substantially between services and roles

The NHS, schools and police all saw an uptick in the number of people leaving their jobs in the second year of the pandemic, following falls in the first. However, staff leave NHS hospital and community settings more frequently than the police workforce or teachers leave their sectors.

In the 12 months to 30 September 2022, some 12.5% of staff left employment in NHS hospital and community settings, the highest level on record. Leaving rates for nurses, health visitors, midwives, ambulance staff and support staff all reached record highs in 2022. Leaving rates have since fallen to levels seen in late 2018 but remain higher than before the pandemic. Similarly, the police workforce leaver rate reached 9.6% in 2022/23, the highest level since at least 2007/08. The number of teachers leaving the service has increased quickly in recent years, from 7.3% in 2020/21 to 9.7% in 2022/23, though this is still lower than the rate seen throughout most of the 2010s.

For most of the staff groups covered in this report, leaving rates are highest among those aged 65 and over. This is not surprising. However, there has also been a marked increase in the youngest staff leaving their roles over the pandemic period. In hospitals and community settings, this is particularly noticeable among nurses and health visitors, and midwives, where the leaving rates for those aged under 25 have increased

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[*] Figures for the NHS and schools relate to England. The police workforce figure is for England and Wales. All figures are for full-time equivalent staff, https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/march-2023

by 79% and 153% respectively since autumn 2020, far higher than other age groups. In general practice, there has been a huge increase in the number of fully qualified GPs under the age of 30 leaving. In the 12 months to June 2023, almost a quarter (24.3%) of fully qualified GPs under the age of 30 left the service, more than twice the rate in the 12 months to March 2020.

Leaving rates are also higher for minority ethnic groups. In schools, there is a consistently higher rate of classroom teachers from minority ethnic groups aged under 60 leaving state education each year. In 2021/22, for instance, more than one in ten Black or Black British teachers left the service (11.6%) compared to 8.6% of White teachers. It is a similar picture in policing. In 2022/23, some 8% of Black, Asian and minority ethnic officers resigned their posts, compared to just 5.8% of White officers. Resignation rates are also higher for female officers. There is little difference between the leaving rate among male and female teachers; no data is available on NHS leaving rates by sex and ethnicity.

High staff leaving rates contribute to high vacancy levels. As with leaving rates, vacancy rates are higher in the hospital and community settings than other services. The situation is particularly acute for nurses, where these reached a high of 11.8% in September 2022. As of June 2023, the vacancy rate among nurses stands at 10.6%, compared to just 7.2% for doctors. The vacancy rates in schools are much lower, but are still way above pre-pandemic levels. There are no comparable vacancy figures for the police, but forces are struggling to fill some specialist roles, such as detectives.

High leaving rates can be expensive and worsen public service performance

Some turnover in any workplace is of course inevitable and can help revitalise workforces, but high leaving rates come at a price. Most importantly, these can affect the quality of public services. More experienced staff tend to be more effective in their roles.[6,7,8,9] Newly hired staff – or some temporary staff, often brought in to plug gaps – will be working in new or unfamiliar settings or roles and are therefore likely to require greater support, reducing the effectiveness of other staff.[10]

High levels of staff exiting a service can also leave remaining staff with additional work.[11] Additional workloads risk an intensification of the burnout cycle wherein staff exit a team adding further to the pressure on the remaining team. These work-based pressures add to staff stress, which the Health and Safety Executive has linked to staff absence, arguments and lower performance.[12] Analysis by NHS England also shows that high work pressure for staff is damaging for patient satisfaction.[13]

But the direct costs are easiest to quantify. When staff leave not just their job but also the service, the time and money spent on their training is lost and additional spending will be required to train up a replacement. It costs tens of thousands of pounds to train each nurse, teacher and police officer, and hundreds of thousands to train a doctor. High staff turnover also means incurring recruitment costs. These tend to range from a few hundred to a thousand pounds for each post – and more, even up to £10,000 and above, if agencies are used.

Public services spend even more on agency fees to temporarily cover staffing gaps. This 'contingent workforce' plays an essential role in covering staff sickness and responding to fluctuations in demand. However, poor retention of permanent staff can lead to an expensive reliance on temporary staff. Local authorities and academies spent £1.3 billion on supply teachers in 2021/22; the agency bill for the NHS was £3bn. Temporary staff account for a relatively small proportion of total staff expenditure – around 3% in the case of teachers – but costs are substantially higher than for permanent staff.

The causes of staff exits

Staff leave jobs and services for many reasons but there are common factors that drive their decisions. This report identifies seven key factors, of which pay and workloads appear to be most important. These problems have been exacerbated by the tightness of the labour market.

- **Pay in public services has become less competitive.** Salaries for doctors, nurses, teachers and police officers have fallen, have not kept pace with private sector wages since 2010, and have also fallen in real terms.

- **Workloads are high.** Workloads have always been high in these services but there is evidence that the situation has become worse as a result of the pandemic, and large numbers of staff cite excessive workloads as the key reason for wanting to leave their job.

- **Public service jobs can involve unsociable hours**, particularly the shift patterns required to run NHS and police services 24 hours a day, 365 days a year. This affects staff's quality of life. Almost half of surveyed police officers say they have a poor work–life balance and that this has a negative impact on mental health and wellbeing.[14]

- **Leadership and management can be poor.** Many staff report that there is insufficient management capacity to support them properly, with managers not always listening to concerns, or being unwilling or unable to act upon them.

- **Staff can experience bullying and discrimination.** Bullying, racism, sexism and other forms of discrimination are widespread, contributing to low morale.

- **Societal norms have changed.** Flexible working arrangements have become increasingly popular but tend to be less widespread in public service roles, putting the sector at a comparative disadvantage.

- **Goodwill is dissipating.** Morale is low and many staff feel undervalued, citing post-2010 pay decisions, the stresses of the pandemic, and the sense that there is no help on the horizon.

How to improve retention

Some action has been taken to address these issues, but the report identifies six areas where more could be done.

Workforce planning

- **The government should produce workforce strategies for all public services.** These should include independently audited forecasts for the number and type of staff required to meet demand in five, 10 and 20 years' time, considering likely changes to technology and productivity. The strategies should set out the expected number of people who will leave and join in each year, and the plans in place to train and retain enough staff to meet these objectives. While progress has been made on this in relation to the NHS, the government needs to demonstrate its commitment to following through against aspirations and extend this analysis to other services.

Pay

- **The government should make better use of pay review bodies (PRBs).** While PRBs already set out the evidence on which they base decisions, they are not usually explicit about how they have balanced affordability with other factors. In particular, the government should require PRBs, through their remit letters, to set out what impact they think implementing their recommendations will have on recruitment and retention. More clearly setting out the trade-offs in this way would rightly put the focus back on ministers, with whom these decisions ultimately lie.

- **PRBs should make more use of their freedom to consider and make recommendations.** This should include assessment of issues such as the balance between pay, pension and other benefits in public sector roles; and whether premium payments are required to retain those with specialist skills or in areas where there are regional jobs shortages.

Workloads

- **The government should more regularly consider the impact of its policy decisions on staff workloads.** Departments should also provide practical resources to help front-line services reduce workloads including workload toolkits. And local public service leaders should more regularly consider the impact of their decisions and leadership style on the workloads of their staff.

Leadership and management

- **The government should tackle the barriers to effective leadership within public service organisations** such as overly hierarchical structures, short-termism, perverse incentives, and unwillingness to embrace different backgrounds, viewpoints and approaches. They should ensure there are enough management with sufficient autonomy. And they should also ensure that public service leaders are empowered to dismiss staff when necessary.

Flexible working

- **Departments should monitor compliance with the roll-out of flexible working initiatives and support local leaders where extra support is needed.** This support could include guides and mechanisms to link leaders to trailblazer services where flexible working has been rolled out successfully.

Evidence base

- **Departments should seek to better understand the costs of poor retention in the public services they oversee.** The government, led by the 'people' function in the Cabinet Office, should also develop a rigorous evidence base on different retention interventions that can be used by all public services. Finally, the government should ensure that there are mechanisms for sharing service-specific learning across local delivery bodies in all public services.

1. Retention trends across key public services

Leaving rates are higher in NHS hospital and community settings than other services

To fully understand how the problem of retention is manifesting, it is important to know the number of people leaving the service altogether and the number who are leaving their post. The latter will always be higher as it will include both: those leaving the service and those leaving their post for other roles elsewhere in the service (internal turnover). Unfortunately, of the three services looked at in this report, only the police publish figures for both. The NHS publishes data on people leaving hospital and community settings (which account for the vast majority NHS staff), and moving post within this sector. It also publishes data on those leaving the primary care workforce. For schools there is only data on the number leaving the service altogether.

People move jobs more frequently in NHS hospital and community settings: 15.8% of staff left their post in the year to June 2023, compared to just 9.6% of the police workforce in the year to March 2023.[*] High levels of staff leaving their post is not always detrimental and may partly reflect pre-planned staff rotations, as in the case of the NHS where early career doctors circulate between different trusts as part of their training.

Figure 1 **NHS hospital and community settings and police workforce leaving their post in the last 12 months (FTE), 2011–2023**
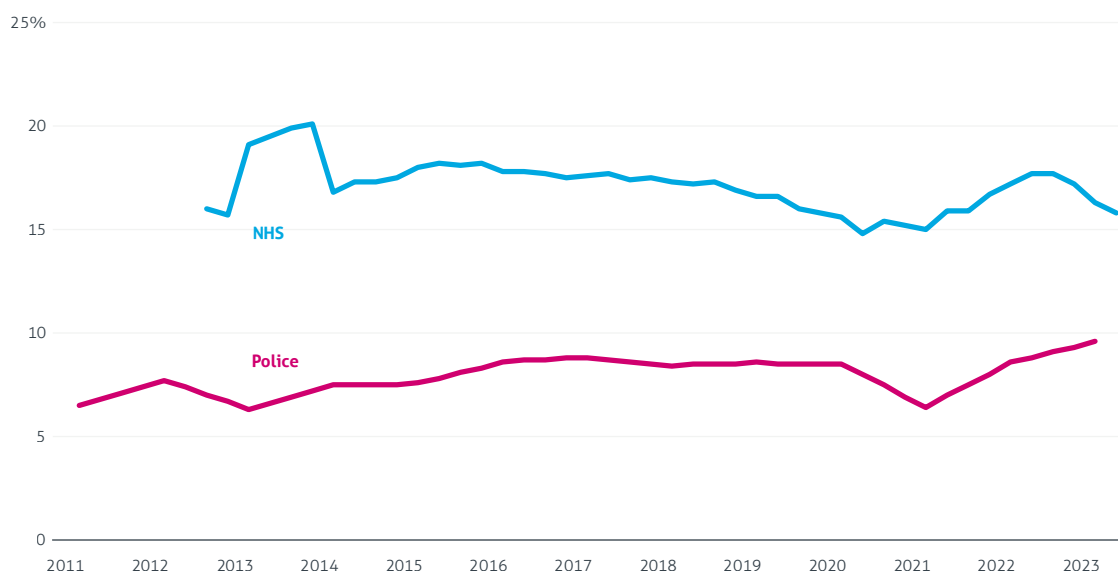
Source: Institute for Government analysis of NHS Digital, 'NHS workforce statistics, June 2023 reasons for leaving' ('Table 1: Reasons for leaving'); Home Office, 'Police workforce, England and Wales, 31 March 2023: leavers open data tables'. Notes: NHS figures cover England. Police figures cover England and Wales but exclude the British Transport Police. NHS staff leaving post is calculated as the rolling four quarters of the total line in the reasons for leaving dataset (uses the same denominator as figures in the turnover tables data). Officers, staff, designated officers and PCSOs are used. Rate calculated using the total post leavers / average of current and previous total workforce.

[*] As per Home Office data releases, we have defined 'police officers' as the total number of chief officers, superintendents (including chiefs), chief inspectors, inspectors, sergeants and constables.

Staff also leave NHS hospital and community settings more frequently than the police workforce or teachers leave their sectors. In the 12 months to 30 September 2022, some 12.5% of staff left employment in NHS hospital and community care settings, the highest level on record. In the most recent quarters, this has fallen to 11.2%. This is lower than the rates seen between 2015 and early 2018, but remains higher than immediately before the pandemic.

Similarly, the police workforce leaver rate reached 9.6% in 2022/23, the highest level since at least 2007/08. The number of teachers leaving the service has increased quickly in recent years from 7.3% in 2020/21 to 9.7% in 2022/23 (though this is still lower than in most of the 2010s).

Figure 2 **NHS staff leaving hospital and community settings in the last 12 months (FTE), 2011–2023**
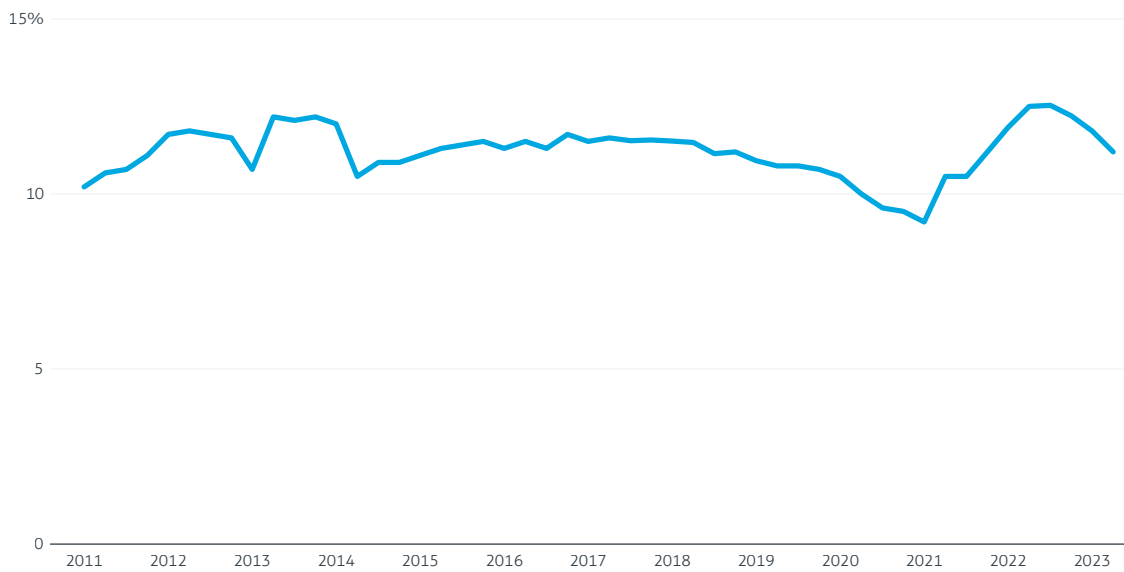
Source: Institute for Government analysis of NHS Digital, 'NHS workforce statistics – turnover tables' ('Turnover' table), June 2023. Notes: Figures relate to England.

Figure 3 **Police workforce leaving the service in the last 12 months (FTE), 2007/08–2022/23**
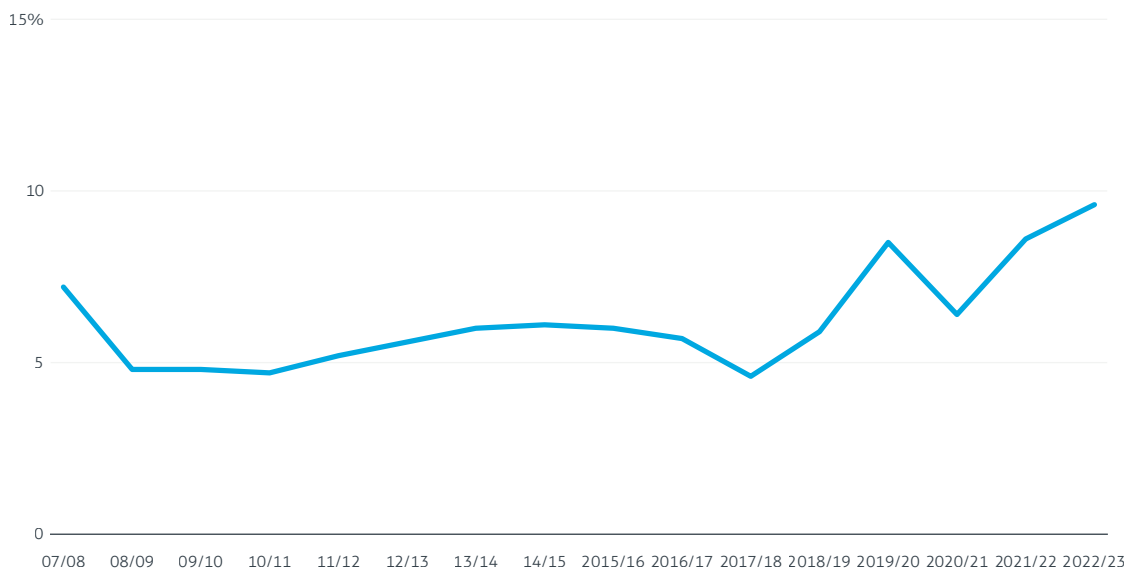
Source: Institute for Government analysis of Home Office, 'Police workforce, England and Wales, 31 March 2023: leavers open data tables'. Notes: Figures relate to England and Wales but exclude the British Transport Police. Rate calculated using the total post leavers / average of current and previous total workforce.

Figure 4 **Teachers leaving the service in the last 12 months (FTE), 2011/12–2022/23**
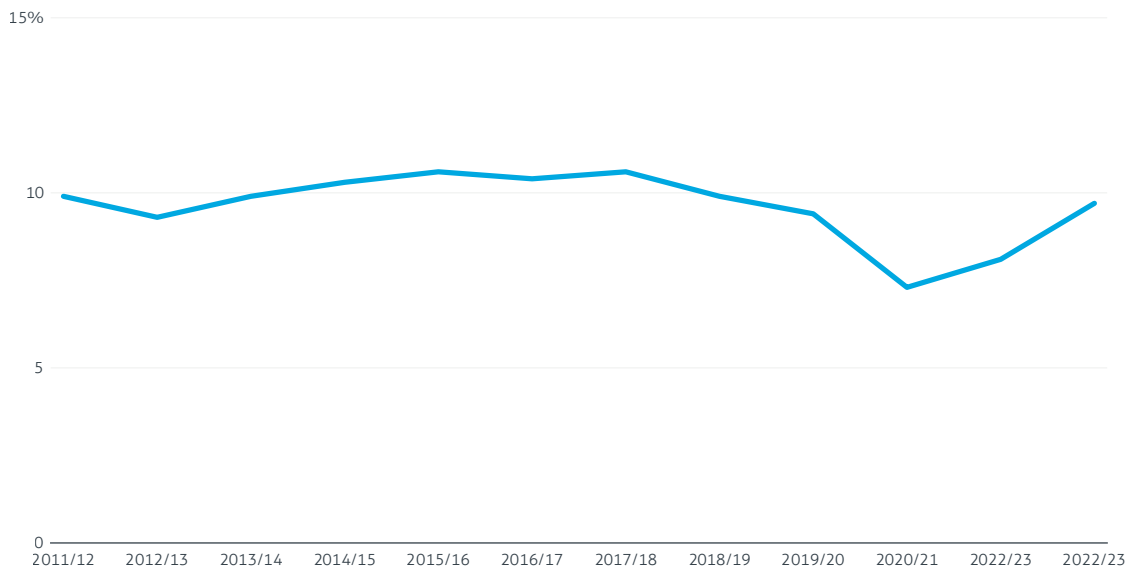
Source: Institute for Government analysis of Department for Education, 'School workforce in England: 2022' ('Qualified leavers from teaching' table). Notes: Figures relate to England and refer to November of the stated year.

It is unclear how many staff are leaving medicine, nursing and teaching

High numbers of people leaving professions such as medicine, nursing, teaching and policing is likely to be problematic given the cost of training new staff or recruiting them from overseas (discussed in the next chapter). However, data limitations mean there is uncertainty over all but the police.

In education, there is a sizeable private sector market that teachers can move back and forth to. It is therefore unclear how many teachers leaving the state sector are leaving teaching altogether (as some will return, this means certain costs associated with the problem of poor retention covered in this report, like training costs, are not wholly lost). The same is true in the NHS, where those leaving hospital and community settings may be moving to private health care, to other parts of the NHS like primary care, or to closely associated services such as social care. The figures for both include staff that have left for temporary reasons such as maternity and other long-term leave.

The government has argued that data held by the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) registers may be a more reliable data source for understanding the exit rate of doctors and nurses from these professions.[1] These figures, however, do not provide firm evidence on how many people have left these professions in recent years. Not all doctors opt to give up their licence or registration after retiring from NHS service or moving overseas, meaning the GMC register overstates the number of active doctors in the country. Similarly, an NMC registrant can stay on the register so long as they meet conditions such as 450 hours of work over a three-year period – work that can be undertaken overseas.

Among clinicians there is probably most clarity over consultants, of whom only around 5% leave hospital and community settings each year. This has remained relatively steady over time. The GMC does not publish data on the number of consultants leaving its register each year, but it will be even fewer than this.

The situation is less clear for more junior doctors. Fewer doctors left the GMC register in England in 2021 (the last year for which figures are available) than in 2019,[2] but this figure also includes consultants. And it is hard to draw conclusions from the NHS data about the number leaving the profession as the leaving rate from hospital and community settings also includes those who have progressed in grade – for example, those 'leaving' foundation stage 1 for foundation stage 2 – which happens frequently in the early stages of medical careers.

In nursing, the rate of nurses leaving the NMC register was lower in 2022/23 than in 2018/19, whereas the opposite is true for the rate of nurses leaving hospital and community settings.

The position of police officers is more certain, with just 7.2% of constables leaving the service in 2022/23. Analysis by the Office for National Statistics (ONS) has previously found that the police had the best one-year retention rate among large public sector employers.[3] This pattern was previously linked to pension schemes with earlier than normal retirement ages, which incentivised police officers to remain in the service for 30–35 years to claim their full pension.[4] While relatively few serving officers are now covered by this scheme, policing still retains a culture of officers retiring after 30 years.[5]

Another contributing factor may be the difficulties involved in firing officers who, as servants of the crown, cannot be dismissed as easily as in other roles. This was evident after 2010, during which time dramatic reductions in officer numbers were achieved not by firing officers, but by freezing recruitment when officers retired. Recently, the Metropolitan Police commissioner has said that chief constables do not have enough "leeway" to sack staff, following revelations that more than 1,000 officers and staff are currently under investigation by the Met for sexual and domestic abuse claims and other accusations of potential misconduct.[6]

Younger staff are leaving in greater numbers, particularly in the NHS

For most of the staff groups covered in this report, leaving rates are highest among those aged 65 and over. However, there has been a big increase in the leaving rates of the youngest staff over the pandemic period.

In hospitals and community settings, the trend is particularly noticeable among nurses and health visitors, and midwives. Although data is only available from autumn 2020 onwards, since then the proportion of midwives aged under 25 leaving hospital and community settings has increased by 129.2%, compared to 20.3% or less for all other age groups.

Figure 5 **Change in rate of NHS midwives leaving the hospital and community settings (FTE) since September 2020**
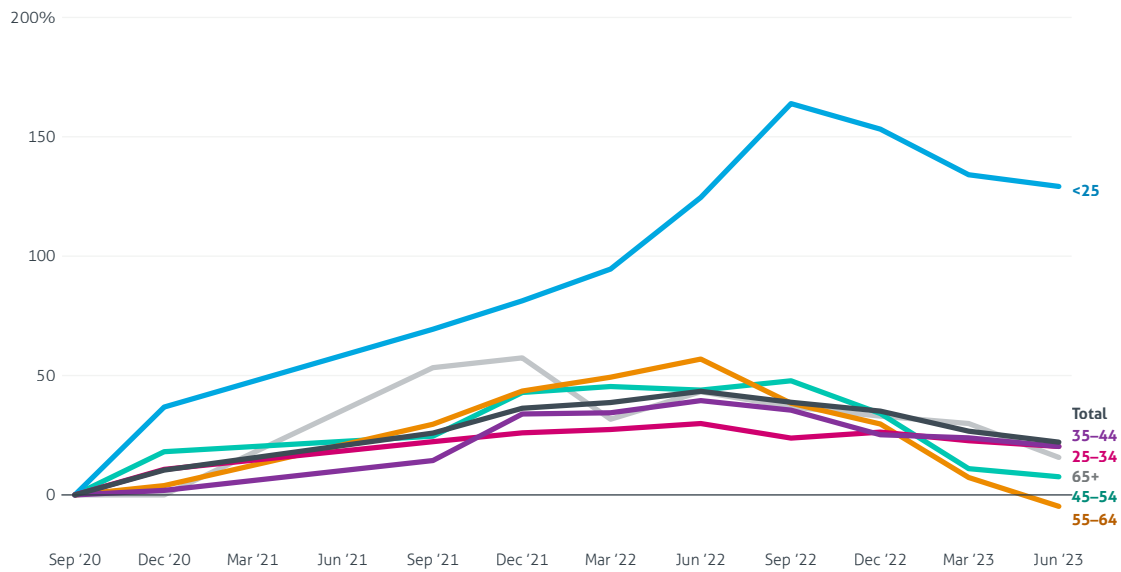
Source: Institute for Government analysis of NHS Digital, 'NHS Hospital and Community Health Services (HCHS) staff in NHS Trusts and other core organisations in England' ('Turnover' table). Notes: Figures relate to England. Rate calculated using the total post leavers / average of current and previous total workforce. Negative values signify a lower leaving rate compared to September 2020.

Similarly, the leaving rate for nurses and health visitors aged under 25 has increased by 62%, more than twice as much as the age group with the next highest increase. This will reflect both churn – with younger nurses moving to nursing roles outside hospital and community settings – and people exiting the profession altogether. Unfortunately, as discussed above, the limitations with both government and NMC data mean that it is not possible to know how many have left nursing in recent years.

Figure 6 **Change in rate of NHS nurses and health visitors leaving hospital and community settings (FTE) since September 2020**
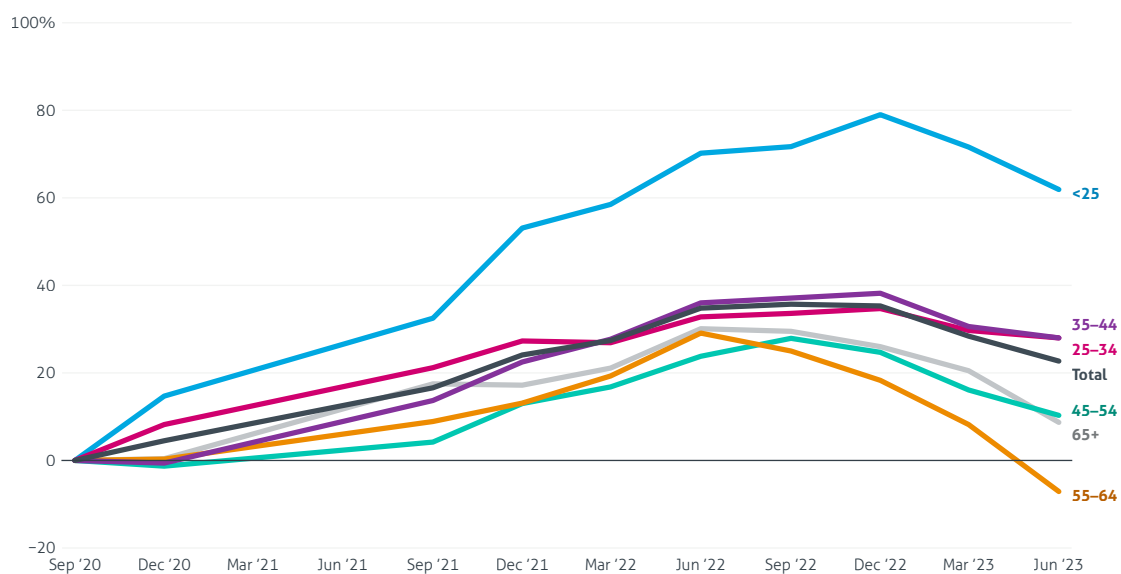
Source: Institute for Government analysis of NHS Digital, 'NHS Hospital and Community Health Services (HCHS) staff in NHS Trusts and other core organisations in England' ('Turnover' table). Notes: Figures relate to England. Rate calculated using the total post leavers / average of current and previous total workforce. Negative values signify an increase in staff numbers against the September 2020 baseline.

It is also not possible, due to training rotation and when new cohorts started during the pandemic, to provide similar analysis for doctors.

In general practice, earlier data is available. While leaver rates for the fully qualified GPs under the age of 30 has always been high, there was a huge increase after the first year of the pandemic, with numbers remaining elevated ever since. In the 12 months to June 2023, a quarter (24.3%) of fully qualified GPs under the age of 30 left the service, more than twice the rate in the 12 months to March 2020. As a result, they are now leaving almost twice as frequently as over 65s, who would normally be expected to have the highest exit rate.

Figure 7 **GPs leaving the NHS by age group (FTE), September 2016 to June 2023**
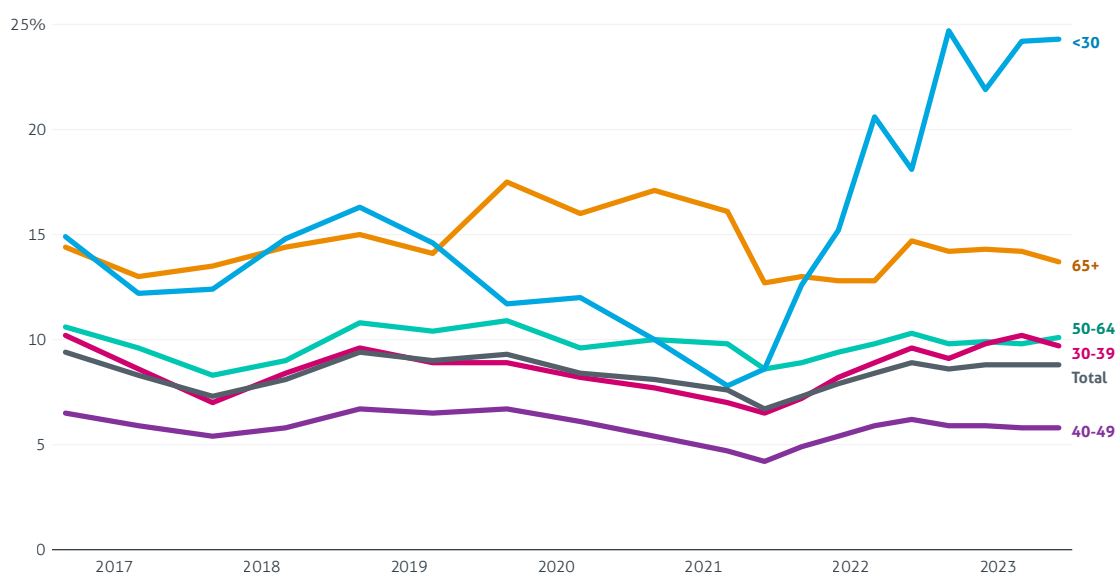
Source: Institute for Government analysis of NHS Digital, 'General Practice Workforce, England, GP Joiners and Leavers 2015 – June 2023'. Notes: The figures relate to fully qualified GPs who left the NHS in the 12 months up to the relevant date. Data was first published in 2016/17. Rate calculated using the total post leavers / average of current and previous total workforce.

Schools typically lose between 10–15% of their newly qualified teachers after the first year of qualifying, and between 29–33% of newly qualified teachers within the first five years after qualifying. However, while the leaving rate for early career teachers fell in 2020 due to Covid, the rate of exit for teachers with 2–5 years' experience is now markedly higher than before the pandemic.

Figure 8 **Teachers leaving the service by exit year and length of time in profession (FTE), 2011–2022**
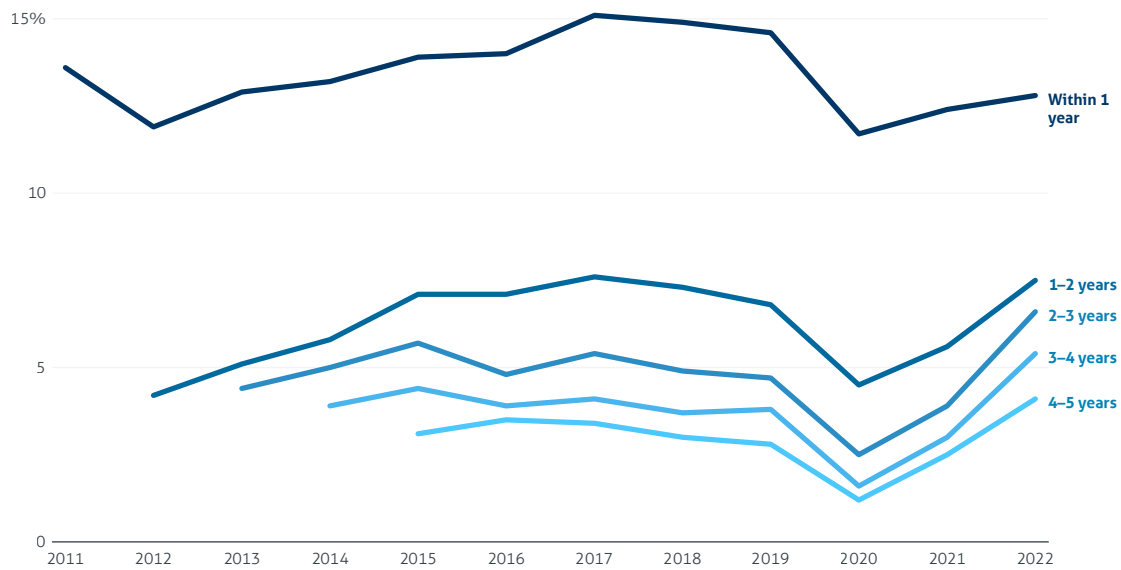
Source: Institute for Government analysis of Department for Education, School Workforce Survey. Notes: Teacher figures cover England and relate to exits up to November of the stated year. Figures have been estimated taking the inverse of the retention rate to calculate the cumulative exit rate for a given cadre. The difference between different cumulative rates was then used to identify the proportion of a given cadre that left after a given time period and matched to their year of exit.

Police data also shows a high level of voluntary exits early on in careers. Across all voluntary resignations, 30% occur in the first year of service and 71% in the first five years.[7] Unfortunately, a time series of this data is not available so it is unclear how this has changed over time. However, the high incidence of early career exits is a concern to police bodies, including the National Police Chiefs' Council, as the influx of new officers means that by March 2024 a large percentage (38%) of the force will have fewer than five years' experience.[8]

Retention rates vary substantially between staff groups

The proportion of police officers leaving the service each year is comparatively low, but turnover for PCSOs and police staff is much higher.* In 2022/23, some 22.8% of PCSOs and 11.9% of police staff left the service compared to 6.2% of constables. The big increase in the PCSO leaving rate in 2022/23 may partly reflect people moving to become police officers during the final year of the police uplift programme.[9]

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* Police staff cover all staff employed by a police force other than police officers, PCSOs and designated officers including accountancy, administration, finance, forensics, HR and IT professionals.

Figure 9 **Police constables, PCSO and staff leaving the service (FTE), 2007/08–2022/23**
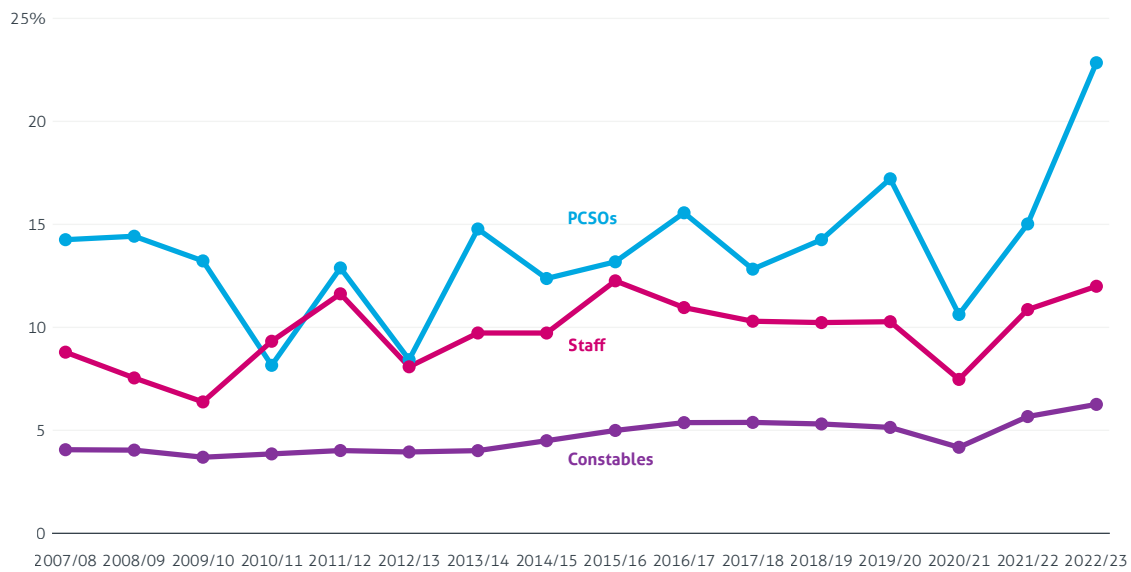
Source: Institute for Government analysis of Home Office, 'Police workforce, England and Wales, 31 March 2023: leavers open data tables'. Notes: Figures relate to England and Wales but exclude the British Transport Police and transfers between forces. Rate calculated using the total post leavers / average of current and previous total workforce.

While not quite as pronounced, there is also substantial variation in the rate at which people leave hospital and community settings, with the rate for midwives 80% higher than doctors.[*] Leaving rates for several staff groups are now higher than they were before the pandemic, with exits by nurses, health visitors, midwives, ambulance staff and support staff all reaching record highs in 2022.

Figure 10 **NHS staff leaving** hospital and community care settings, selected professions (FTE), 2009/10–2022/23
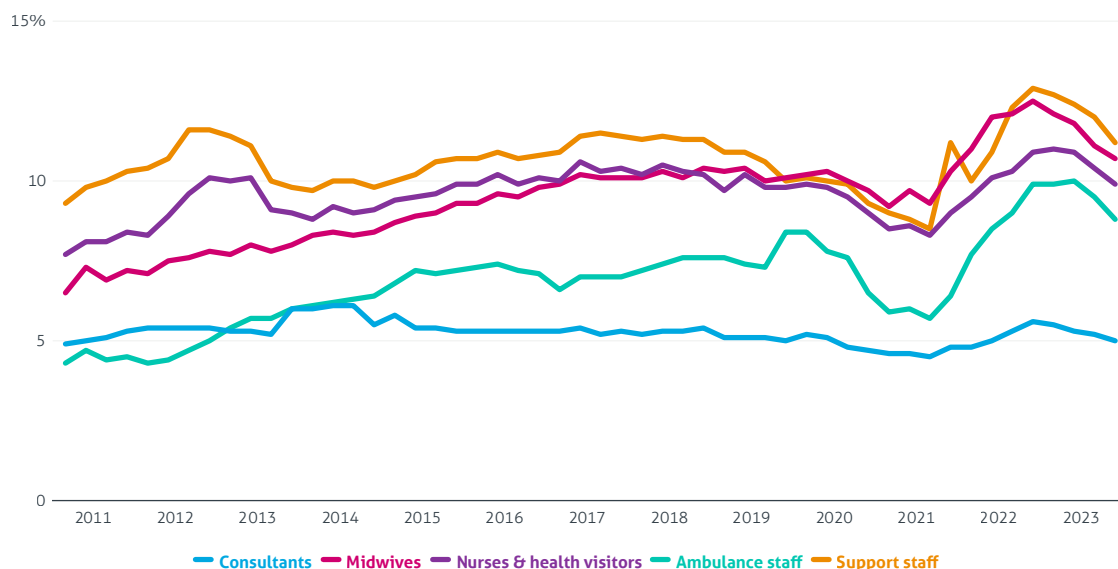
Source: Institute for Government analysis of NHS Digital, NHS Hospital and Community Health Services (HCHS) staff in NHS trusts and other core organisations in England – Turnover tables. Notes: The figures for HCHS doctors excludes foundation doctor 1, foundation doctor 2, those on core training and speciality registrars. The figures for support staff combines support to doctors, nurses and midwives, support to ambulance staff, support to ST&T staff. Rate calculated using the total post leavers / average of current and previous total workforce.

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[*]   This figure excludes foundation doctor 1, foundation doctor 2, those on key training and speciality registrars as they typically move between trusts more frequently due to training rotations.

There is no publicly available data on school exit rates by staff type.

Retention is lower for minority ethnic groups, and for women in some services

The National Police Chiefs' Black Workforce Survey found incidents of racial discrimination, harassment and micro-aggressions were commonly experienced by respondents across the 44 police forces.[10] This is likely to be a contributory factor towards the higher levels of voluntary resignations among minority ethnic police staff across the country. In 2022/23, the resignation rate for officers from Black, Asian and minority ethnic background was 8%, compared to just 5.8% of White officers.

In London, the Casey Review identified institutional racism in the Met. It found that "Black, Asian and ethnic minority probationer officers are resigning at more than double the rate of probationers as a whole, accounting for 22% of all probationer resignations in 2021–22".[11]

Figure 11 **Police workforce voluntary resignation rate by ethnicity (FTE), 2007/08–2022/23**
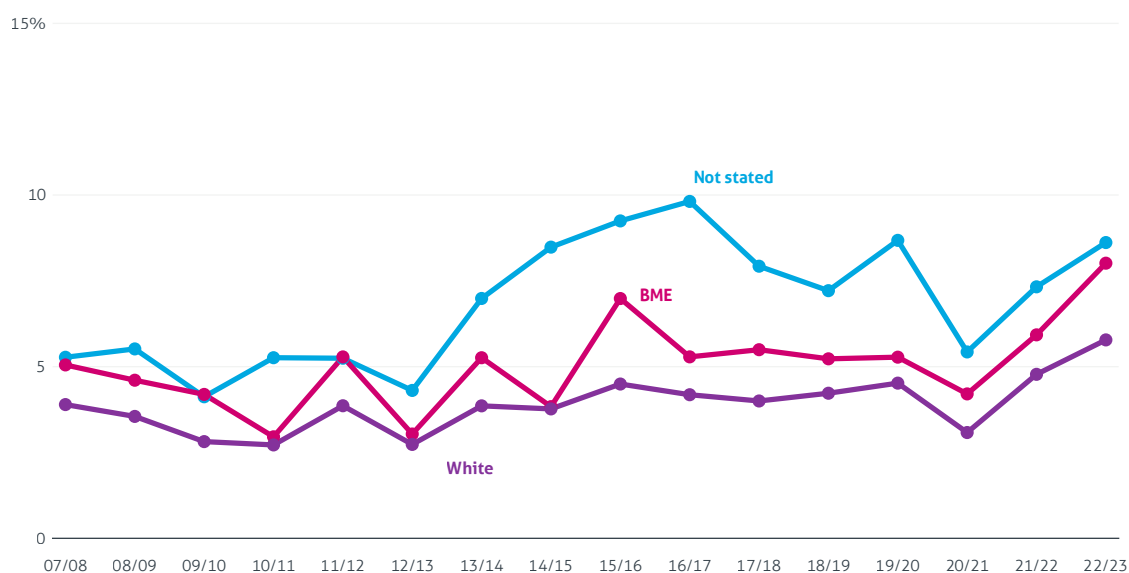
Source: Institute for Government analysis of Home Office, 'Police workforce, England and Wales, 31 March 2023: joiners open data tables'. Notes: Figures refer to England and Wales but exclude the British Transport Police. Rate calculated using the total post leavers / average of current and previous total workforce.

There is a similar trend in schools. The closest proxy for voluntary resignations is the percentage of teachers who are 'out of service' – teachers who have left the profession (at any age) but who have not retired, the rate for which is consistently higher among minority ethnic groups. For example, in 2021/22, some 11.6% of Black or Black British qualified teachers left the profession compared to 8.6% of their White counterparts.

Figure 12 Classroom teachers leaving the service other than due to retirement or death, by ethnicity (FTE), 2010/11–2021/22

White   Asian or Asian British   Black or Black British   Mixed   Any other ethnic group   Total

Source: Institute for Government analysis of Department for Education, 'School workforce in England: 2022' ('Qualified leavers from teaching' table). Notes: Data excludes "information not yet obtained" and "refused" categories.

Female workers in police forces also leave their jobs at higher rates. In 2022/23, 7.2% of women resigned their posts, compared to 5.2% of men.[12] Both male and White police staff are far more likely to leave their posts due to retirement, than their female and minority ethnic colleagues.

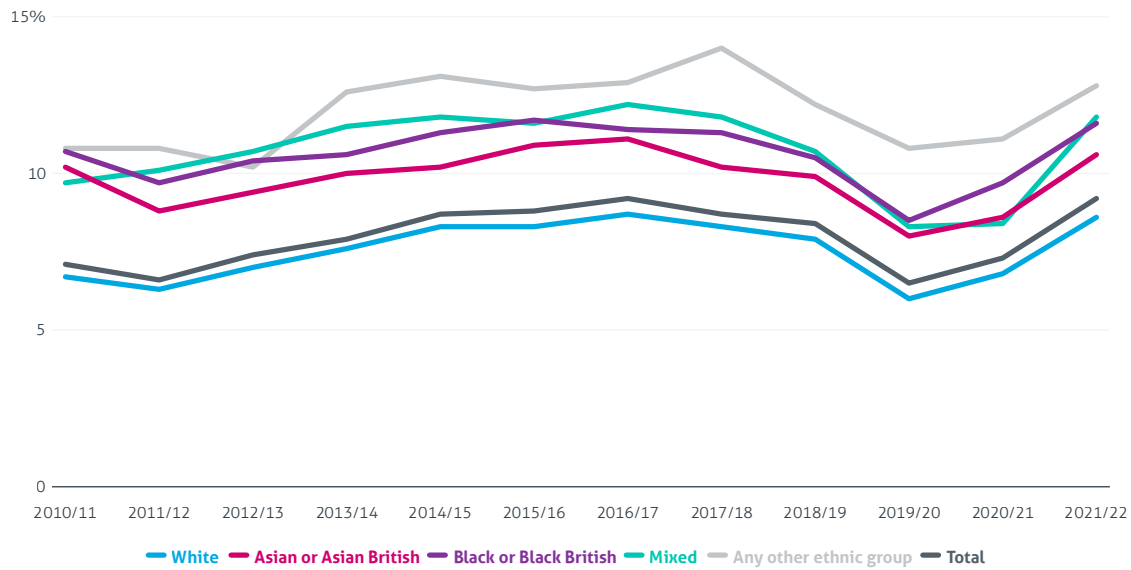## Figure 13 Police workforce voluntary resignations by gender (FTE), 2007/08–2022/23
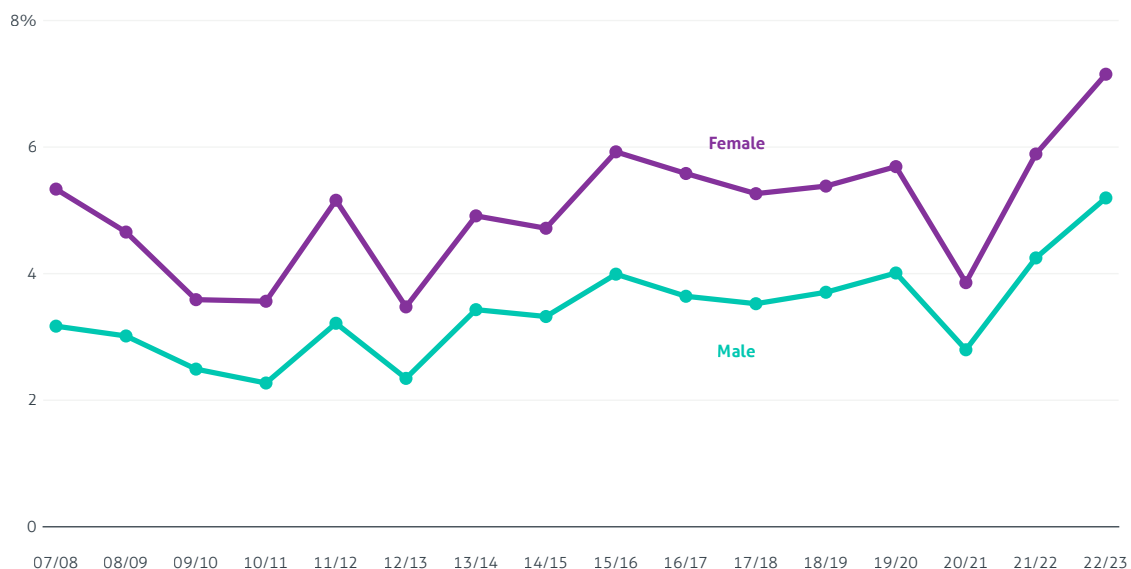
Source: Institute for Government analysis of Home Office, 'Police workforce, England and Wales, 31 March 2023: joiners open data tables'. Notes: Figures cover England and Wales but exclude the British Transport Police. Rate calculated using the total post leavers / average of current and previous total workforce.

In contrast there is little difference between the leaving rate among male and female teachers. It is not possible to provide a breakdown of leaving rates by sex and ethnicity in the NHS due to a lack of data.

High staff leaving rates contribute to high vacancy levels

Vacancy rates are a function of employers' ability to recruit new staff and retain the ones they already have. They also reflect the availability of suitably qualified people in the labour market. In the case of doctors, nurses, teachers and police officers, the public sector is largely responsible for ensuring that enough people are trained up or recruited internationally. As discussed in more detail in Chapter 2, this can be very expensive. And this investment is lost every time someone leaves the service, shrinking the pool of available labour and contributing to higher vacancy levels.

Across the public sector workforces analysed here there have been net increases in the number of teachers, police officers and nurses and health visitors. Yet in many cases this has been insufficient to keep up with the growth in service user demand, which has led to unfilled posts and increases in vacancy rates across most services. Vacancy rates in the NHS are particularly high.* Since 2018, the vacancy rate has followed a similar trend to the number of NHS leavers, falling after the onset of Covid, then rising from 2021, before falling again. The overall NHS vacancy rate stood at 8.9% as of June 2023, compared to 7.2% in March 2020.[13]

This varies across regions and professions. For example, London has seen a vacancy rate of 11.6% compared to a vacancy rate of 6.7% in the South West.[14] Nurses in hospitals and community settings have particularly high vacancy rates, with these rising above 10% in 2021/22 and reaching a high of 11.7% in September 2022.[15] As of June 2023, the vacancy rate among nurses stands at 10.6%, compared to just 7.2% for doctors.[16]

In primary care, the Health Foundation estimates in 2021/22 there was a shortfall of 4,200 GPs, equivalent to 13.4% of the number of GPs needed in the system.[17] These pressures are likely to continue with the growth in the number of patients outstripping the growth rate of GPs, even when trainee GPs are taken into account.[18] Overall, the Health and Social Care Committee estimates that as of May 2021 there was a shortage of 12,000 doctors and 50,000 nurses and midwives in England.[19]

It is not possible to directly compare teacher vacancy rates to other professions as the official statistics take a snapshot of the situation early in the school year when most vacancies have been filled, presenting a relatively rosy picture that does not capture vacancies that arise through the year.[20] In 2022/23, for example, the vacancy rate was only 0.5%, though the number of vacancies was at the highest ever recorded level. Analysis of vacancies posted by schools also suggests that the number of vacancies has increased since the pandemic. The cumulative number of vacancies posted by schools in 2022/23 was substantially higher than the previous three years, and 104% higher than the last year before the pandemic.[21] In contrast, the overall number of teachers has only grown by 3.2% over the same period.

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* Vacancies are calculated as the shortfall between current staffing and funded posts. Yet how trusts calculate funded posts varies.

Figure 14 **Teacher vacancies, 2010/11–2022/23**
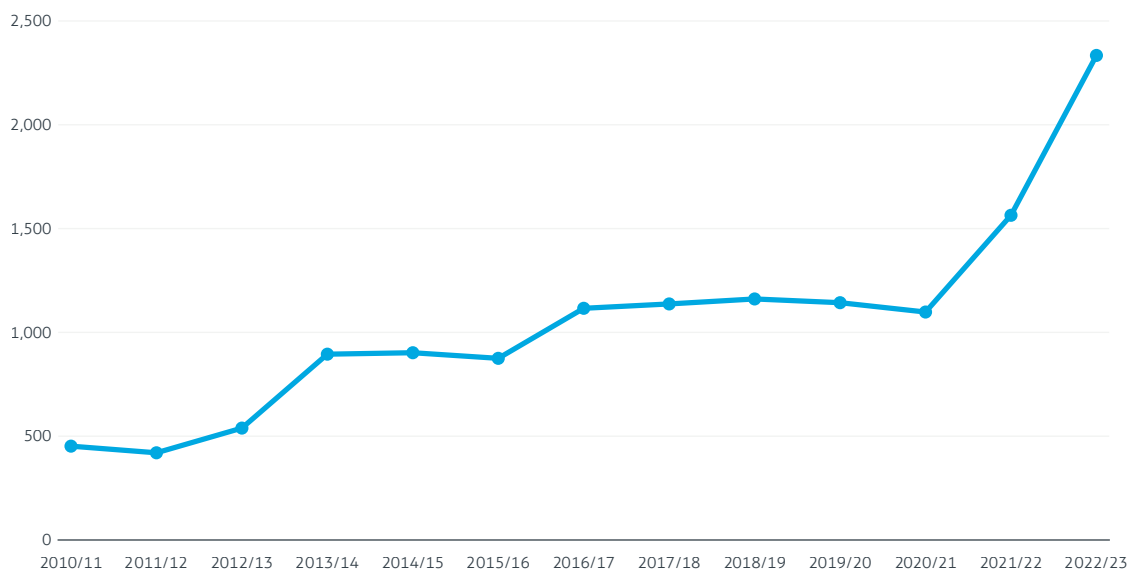
Source: Institute for Government analysis of Department for Education, 'School workforce in England: 2022' ('Teacher vacancies' table). Notes: Vacancy data is estimated early in the academic year when most posts have been filled meaning figures under-represent the in-year vacancy pressures facing schools.

There are no comparable vacancy figures for the police, though there are indications that forces are struggling to fill some specialist roles. The Police Foundation identified a shortfall of 6,851 accredited investigation detectives in 2021 with only 76% of accredited posts filled (though when trainees are factored in, this rises to 93%).[22] Similarly, analysis by the Police Foundation Chief Police Officers Staff Association suggests a shortfall of 5,000 detectives alongside shortages in digital skills.[23] In February 2023, police chiefs also raised concerns with the pay review body about the increasing vacancy rates experienced by police forces in the preceding 6–12 months, particularly among call handlers.[24]

2. The impact of high leaving rates on public services

Some level of staff exit is inevitable and can help revitalise workforces. But too many staff leaving can place burdens on public services – the expense of recruitment and training, reduced performance due to the loss of experienced staff, and additional pressures on those who remain in post. This can have consequences for the public, who face longer waits to see medical professionals like nurses, are taught by teachers less familiar with some subjects, or have crimes investigated by relatively inexperienced officers.

High leaving rates can damage public service performance
Poor retention can reduce the quality of public services for a number of reasons.

Losing more experienced staff can lead to declines in service quality
More experienced staff will, on average, tend to be more effective. Research on police agencies in the US has suggested that workforces with higher turnover and lower levels of experience see higher levels of complaints and reduced productivity.[1] Similarly, an analysis of 90 doctors working across three emergency departments in England found that experienced doctors were less risk averse and more at ease with uncertainty.[2] Difficulties accepting uncertainty were associated with poorer outcomes such as excessive ordering of tests and the withholding of information from patients.[3]

In education settings, the picture is more mixed. In theory, teachers hone skills and curriculum materials over time so an exit from the profession can mean a loss of experience, understanding and efficiency that can take years to develop.[4] Academic studies partly support this: economic analysis suggests teacher quality improves with experience and familiarity with curriculums,[5] and there are links between the experience of teachers and student achievement.[6] Indeed, some research suggests turnover leads to declines in teaching quality.[7,8] However, these findings appear to be sensitive to the research approach chosen, with some studies suggesting little to no relationship between experience and student attainment;[9] that the incidence of higher numbers of trainee teachers has minimal impact on key stage 4 exams;[10] and that early career teachers, with 0–3 years of experience, are no less competent than more experienced colleagues.[11]

Replacements take time to train up – often by senior colleagues
Newly hired or temporary staff can often work in unfamiliar settings or roles and are likely to require greater support from more experienced colleagues – who in turn will have less time to dedicate to their own work. For example, the National Audit Office has described the government's recent drive to increase police officer numbers by 20,000 as an "operational burden" on those responsible for training them, with a survey of chief constables finding that this "can take up to about 50% of an experienced officer's time, reducing their operational capacity".[12] Nor is this a temporary cost, with new officers taking an estimated three years to become fully effective.[13]

Reduced capacity can translate into lower productivity, with detective supervisors reporting that their mentoring burdens lead to a reduced ability to carry out critical case supervision or investigations.[14] In 2022, an investigation by His Majesty's Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) found that a third of serious acquisitive crime cases it examined suffered from insufficient supervision, resulting in missed opportunities to use intelligence and link cases.[15] Similarly, the recruitment of an extra 29,000 direct patient care staff into primary care may put additional pressure on GPs, who have reported taking on greater supervisory responsibilities.[16]

In schools, under the early career framework, early career teachers are entitled to two years of funded support from a mentor within their school,[17] potentially increasing the responsibilities of staff in a sector where workload reduction has been a policy priority in recent years.[18]

Turnover can damage team dynamics in the workplace
Frequent changes in staffing can contribute to worse team dynamics, which in turn can add to worse outcomes. A US study of 268 nursing units found moderate levels of turnover saw lower levels of work-group learning – a factor which the study found is important for reducing the risk of severe medication errors.[19] The study also identified that better work-group cohesion contributed to overall patient satisfaction.[20] Similarly in education, teacher turnover is also likely to affect pupil attainment because of its impact on the efficiency of school organisation, on staff teamwork, and the continuity of the curriculum.[21] Another study found that high turnover had a small but significant impact on age-16 pupils in England as teachers orientate themselves to new school settings, learn new school policies, and get to know students and their academic background.[22] Most importantly, research has found that higher teacher turnover reduces students' test scores.[23] This finding is seen in multiple studies, notably with worse effects for the socio-economically disadvantaged and minority ethnic pupils.[24] Several studies in the US have shown higher turnover leading to lower English and maths scores and conversely reductions in attrition leading to improved scores.[25,26]

High leaving rates places strain on remaining staff
Poor retention can exacerbate vacancy pressures in services leaving remaining staff with additional work. Services experiencing vacancies can expect, for example, lower staff-to-patient ratios or teachers leading classes in which they do not have subject expertise. Additional workloads risk an intensification of the burnout cycle wherein staff exit a team adding further to the pressure on the remaining team. These work-based pressures add to staff stress, which the Health and Safety Executive has linked to staff absence, arguments and lower performance.[27] An interviewee similarly argued that high stress impairs individuals' cognitive ability and hinders the ability to prioritise, make good decisions and manage emotional responses.[28] Analysis by NHS England also shows that high work pressure for staff is damaging for patient satisfaction.[29] Burnout cycle work environments can have knock-on consequences, with the NHS Pay Review Body warning in 2022: "Increased attrition will put further

pressure on remaining staff and may deter those who are currently planning a career in the service."[30] Conversely, analysis suggests better workplace experiences among staff can lead to greater patient satisfaction and even lower rates of patient mortality.[*,31,32]

Those leaving take useful skills and experience with them

The loss of specialist skills may be hard to replace, leading to vacancies in key roles and a worse user experience. In the police, HMICFRS identified in 2019 that a shortfall of specialist investigators linked to retirements and promotions had led to crimes like burglaries being investigated by inexperienced staff.[33] This can lead to poorer supervision of less experienced investigators, unmanageable workloads, delays for victims, and the deprioritisation of high-volume crimes like assault and burglary.[34] Shortages in police digital forensic staff, made worse by poor retention, contributes to delays in data extraction – an increasingly pressing issue given the rising importance of digital evidence in crime investigations.[35] In hospitals, the Care Quality Commission (CQC) identified that a lack of specialist staff in mental health settings led to higher pressures on acute settings or unsuitable service provision.[36] Similarly, for every full-time dentist leaving the NHS who is not replaced, approximately 2,000 patients could miss out on care.[37]

A failure to grapple with retention contributes to higher vacancies, as discussed in Chapter 1. There is considerable literature suggesting that higher vacancies can contribute to worse clinical outcomes. A longitudinal study of almost 4,500 nurses working in 53 inpatient wards for acutely ill adults found a reduction in the risk of mortality when wards were better staffed and had more experienced staff.[38] Cross-sectional analysis of mean beds per physicians in English hospital settings concluded fewer beds per medical staff of all grades was linked to lower than expected mortality.[39] Similar findings have been confirmed through systematic literature reviews, which show that higher registered nurse staffing is likely to lead to better patient outcomes.[40]

This is a live issue, with the CQC finding in a survey of NHS foundation leaders across 142 trusts that 96% of respondents were concerned about the impact that staff shortages were having on services and 98% thought this would slow down the backlog recovery.[41] Drawing on a literature review, the National Institute for Health and Care Excellence (NICE) concluded lower nursing staff levels may be associated with worse outcomes including patients being left unseen, reduced care time and lower patient satisfaction.[42]

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*   It should be noted that in the cited study from Powell M and others, *Staff satisfaction and organisational performance: evidence from a longitudinal secondary analysis of the NHS staff survey and outcome data*, February 2015, the direction of causality between staff engagement and patient mortality is unclear.

High leaving rates have a direct impact on the cost of public services
Costs of temporary staff

The 'contingent workforce' plays an essential role in covering staff sickness and responding to fluctuations in demand. However, poor retention of permanent staff can lead to an expensive reliance on temporary staff.

The problem is particularly pronounced in the NHS, which makes extensive use of agency staff and locums. NHS England figures submitted to the NHS Pay Review Body estimate the total agency bill at £3bn for 2021/22.[43] In March the chancellor, Jeremy Hunt, stated that the high agency spending is the result of "staffing shortfalls" and that his decision to scrap the tax-free cap on the lifetime pensions allowance would help reduce it by encouraging more senior doctors to continue working.[44] While the decision was welcomed by the BMA,[45] it is unclear what impact it will have. The policy aims to keep relatively few better-off workers in the workforce a little longer,[46] but whether removing this pensions change will achieve this is, as the Office for Budget Responsibility has noted, dependent on behavioural changes by doctors.[47]

Staffing shortfalls have put the NHS in a weak negotiating position, forcing it to accept high rates from off-framework agencies.[48] Freedom of Information requests undertaken by the Labour Party suggest charges of up to £5,200 per shift per doctor,[49] and up to £2,500 per shift per nurse, when including agency fees and other factors.[50] A cap on agency spending has been in force in the NHS since 2015 after agency staff costs rose by 40% between 2013/14 and 2015/16.[51] This limits the amount a trust can pay to 55% above basic substantive rates and NHS analysis suggests this reduced agency costs from £3.6bn in 2015/16 to £2.4bn in 2019/20.[52] However, high leaver rates and low price caps have contributed to a high level of non-compliance with these limits.[53] An interviewee told us that NHS trusts often turn at the last minute to off-framework agencies who are less regulated and more expensive, due to not being able to get the staff they need through on-framework agencies as the equivalent pay rates do not meet the needs of agency workers. The heath department has stated that compliance since 2018 has averaged just 60%.[54]

Temporary workforce cover issues are not limited to the NHS.[*] Schools use a highly decentralised agency market with great variability in fees across regions and providers.[55] While the number of temporary posts – where a teacher fills a contract of at least one term but less than a year – remains low,[56] there was a 5.6% increase in 2021/22 with 2,247 temporary posts in England and the costs to the sector and individual schools was raised with us by an interviewee.[57] In the academic year 2021–22, academies spent £0.7bn on supply staff costs out of a total staffing expenditure of £23.0bn,[58] while in the financial year 2021/22 local authority maintained schools spent £0.6bn on supply staff costs out of a total staffing expenditure of £18.2bn.[59] Overall, supply teacher costs account for only around 3% of total schools staff spending.

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[*]   Though police forces are unable to draw on 'agency' staff so instead place a greater reliance on overtime to cover staffing shortfalls.

Despite the high costs this does not always translate to higher wages for supply teachers as the amount charged to schools includes worker pay, agency mark-ups, and compliance costs. A survey in 2021 found more than half of supply teachers are paid less than £125 per day, below the day rate of equivalently experienced full-time teachers.[60] In 2019, the average agency mark-up schools were charged was 38%, though the government has created a framework contract for supply teachers which can reduce mark-ups to 15% and below.[61]

Training costs

When staff leave not just their job but also the service, the time and money spent on their training is lost and additional spending will be required to train up a replacement. These training costs vary by public service:

- **NHS nurses** – the cost to the government of training a new nurse is typically at least £26,000.[62]

- **NHS doctors** – in 2016, as health secretary, Jeremy Hunt stated the cost of educating a doctor is £230,000. However, this has been queried by fact-checking organisation Full Fact for counting £64,000 of student loans in this estimate, most of which the government will recover.[63]

- **School teachers** – the Institute for Fiscal Studies estimates that it costs an average of £23,000 to train a teacher.[*,64]

- **Police officers** – no good national estimates of police training costs are published, but in 2019 Essex Police estimated its cost to be £18,457.[65] In 2012, Nottinghamshire Police estimated a cost of £12,900 per officer for both training and recruitment.[66]

- **Police Community Support Officers** – again no national data is available but Essex Police estimate the cost of training a PCSO is £1,075.[67]

Recruitment costs

Public services face advertising and recruitment costs to fill vacant posts.

There are few reliable figures on the cost of recruitment in the NHS. A report published on NHS Shared Business Services estimated that it can cost up to £12,000 to replace a fully trained nurse. This would equate to more than £3 million a year for a large NHS acute trust.[68] However, this likely includes more than just recruitment costs. Research by Nuffield Trust found that it costs £10,000–£12,000 to recruit an individual nurse from overseas, though recruiting internationally means the government avoids the training costs for these staff.[69]

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*   The IFS estimates the average costs for other secondary teacher training routes varies between £18,200 and £23,500.

Schools-specific advertising costs vary depending on the routes used by schools to attract staff. A 2017 recruitment and retention review by Lewisham Council noted an advert in the *Times Educational Supplement* cost between £500-£1,000 per place. It also received evidence to suggest that it can cost up to £10,000 to recruit a Catholic headteacher.[70] Given shortages in the supply of teachers – particularly in STEM subjects – some schools have been prompted to use agencies to fill subject gaps, incurring sizeable finders' fees. iNews reported one fee of £9,000 for a geography teacher and another of £11,000 for a head of languages.[71]

More exact figures are known for the police based on FOI requests, though these estimates rely on responses from only a couple of forces. Essex Police estimates the cost of recruiting a police officer is £705.17 and puts the cost of recruiting a PCSO at £475.77.[72] By contrast the Metropolitan Police put the cost of hiring a new officer at £4,200 when factoring in marketing, assessments and administration.[73]

3. The causes of high staff exit rates

Staff leave roles and services for a variety of reasons but there are common factors that drive many exit decisions. The overall package to staff working in key public services has deteriorated as pay has declined. The public sector has also struggled to offer other benefits like flexible working compared to other sectors. High workloads, unsociable hours, poor line management and difficult working environments can also push staff to leave public service. These factors have contributed to a loss of goodwill among public service workforces.

The situation has been exacerbated by the tightness of the labour market. The UK, like many countries globally,[1] faces a fiercely competitive jobs market with near record vacancy levels and low unemployment. A jobseeker-friendly market means employers have to work hard to both find and retain staff.[2] Employers are now under pressure to fill vacancies by attracting staff away from competitors through better wage and reward packages. These pressures affect both public and private sectors, but public sector employers generally have less flexibility to retain staff through higher pay. For example, according to the CIPD's *Labour Market Outlook* for summer 2023, counter offers – where an existing employer offers an improved salary or other benefits to keep a member of staff offered employment elsewhere – are more common in the private sector than in the public sector.[3] The survey also found that public sector employers are more likely to have hard-to-fill vacancies than the private sector, with particular difficulties in health care and education.

Pay in public services has become less competitive

Pay is a core component of the offer made to staff and a failure to provide an attractive salary creates a financial incentive for staff to leave. Despite this, over the last decade, public sector pay has risen more slowly than both inflation and private sector earnings in each service covered in this report.

Figure 15 **Change in median gross earnings of selected public sector professionals since 2009/10 (real terms)**
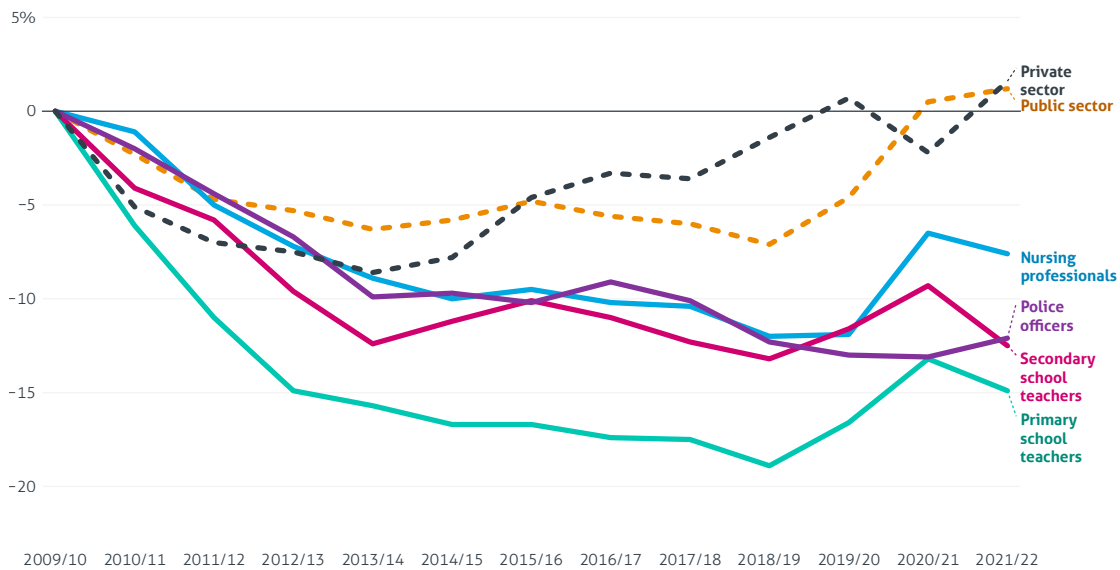
Source Institute for Government analysis of ONS, 'Earnings and hours worked, occupation by four-digit SOC' ('ASHE' series table 14), October 2022, and ONS, 'Earnings and hours worked, all employees' ('ASHE' series table 13), June 2022. Notes: Figures have been deflated using OBR CPI. Figures for "primary school teachers" include nursery staff up to 2020/21. "Nursing professionals" figures use data from "nursing professionals" for 2020/21-2021/22, "nursing and midwifery professionals" for 2010/11-2019/20 and "health associate professionals" for 2009/10. "Police officers" figures include all officers ranked sergeant and below.

Some key figures stand out:

- Between 2009/10 and 2021/22, the average salary for primary education professionals has fallen, in real terms, by 14.9%, and for secondary education professionals by 12.5%. This was 17 percentage points lower than real average earnings growth in the comparable graduate roles.[4]

- Since 2009/10, average real-terms pay for nursing professionals has fallen by 7.6% on average, while Royal College of Nursing data suggests average pay for some experienced nurses has declined by 20%.[5] Since 2010, the real-terms pay of consultants and junior doctors has fallen by 15% and 14% respectively.[6]

- Since 2010, police officer pay at sergeant level and below has fallen in real terms by 12.1%. Indeed, the absence of a pay uplift led the police's union body, the Police Federation, to withdraw from the formal pay review process in May 2021, even before inflation hit a record high.[*,7]

The severity of the underperformance between public and private sector wages is exacerbated by using a 2009/10 reference point as public sector wage growth outperformed the private sector during the global financial crisis. Yet Institute for

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* While public service have suffered real terms declines since 2010, the growth in public sector pay had out performed the private sector for the previous two years. This meant that public sector employees entered the 2010s in a position of relative strength. Also, though public service pay freezes came into force in 2011, services retained the ability to promote staff as an alternative to salary increases. This change is not reflected in the change in constables salary presented above which shows the real terms change in a representative salary band, rather than average pay.

Fiscal Studies research shows that even with an earlier starting point from 2007/08, mean public sector earnings were 4.0% lower in real terms in July 2022 than in July 2007 compared to private sectors, which were 0.9% higher over the same time period.[8]

Pay concerns have intensified over the past year due to the cost of living crisis as increases in energy, food and housing costs further erode disposable income. There are reports that, as a result, some lower-paid public sector workers have been forced to use food banks[9] – many NHS hospitals have even opened food banks on site specifically for their staff.[10]

These pressures are reflected in staff surveys. Drawing on field data from autumn 2022, the NHS's staff survey shows that only a quarter of staff were satisfied with pay (25.6%). This represents a 12.3 percentage points decline since 2019.[11] A similar story is seen in policing. Some 86% of respondents to the Police Federation's December 2022 pay and morale survey reported high levels of pay dissatisfaction, up from 69% in 2020. Over the same period, the proportion of respondents believing they are not fairly paid considering the stress of policing has risen from 86% to 94%.[12]

Pay is a particular problem for certain groups of workers. Interviewees repeatedly expressed concerns regarding the uncompetitive remuneration for low-paid staff such as carers, administrators and porters relative to that offered by retail employers. In many cases, private sector roles like these offer similar or improved pay for easier roles.

Unsurprisingly, competitiveness is also a problem for public services requiring more specialist skills. The pay package for teachers of STEM subjects, certain police investigators, managers and analysts compares poorly with that available in the private sector. More broadly, there has been a flattening of many public sector pay scales in recent years. Salaries for more experienced teachers, nurses, civil servants and others have risen more slowly than those for more junior staff, meaning there is less opportunity for pay progression.

Workloads are high

High workloads add to work-related stress, risk staff burnout[13] and can help to push staff from their jobs. Two thirds of respondents to the Police Federation's *Pay and Morale Survey 2022* said their workload was 'too high' or 'much too high'.[14] 'Workload and responsibilities' was cited among almost half of all police as having a major effect on their intention to leave.[15]

Similarly, in the NHS only 42% of those responding to the staff survey said they are able to meet all the conflicting demands on their time.[16] Only a minority of staff are content with staffing and workloads; just over a quarter (26%) say there are enough staff in the organisation to do their job properly and a similar proportion (23%) report they have never or rarely had unrealistic time pressures.[17] According to a survey of nurses, 'feeling under too much pressure' was the second most common reason cited by respondents as a reason for thinking about or planning to leave their role.[18]

In schools, 72% of teachers and school leaders disagreed that their workload was acceptable in the recent *Working Lives of Teachers and Leaders* DfE report.[19] Crucial to this may be the nature of this workload as research shows teacher welfare deteriorates for extra hours spent on non-teaching administrative tasks,[20] and around two thirds of teachers report spending more than half their working time on tasks other than teaching.[21] The *Working Lives of Teachers and Leaders* report showed a quarter of teachers reported considering leaving within the next year for reasons other than retirement – with high workload cited as a key factor behind the decision by most.[22] According to the DfE, workload was by far the most frequently cited reason for planning to leave and was cited by 92% of teachers planning to leave the state sector in the next 12 months other than retirement.[23]

Workloads were high before the pandemic. For example, the 2017 HMICFRS report of police effectiveness found "examples of how the increased workload was overwhelming some forces"[24] and as DfE concluded in 2017: "Workload was the most important factor amongst ex-teachers for leaving the profession."[25]

However, workloads appear to have become more problematic as a result of the pandemic. The NHS, Police Federation and teacher surveys cited above all show an increase in the number of respondents reporting high workloads over recent years. This appears to be the result of several factors. First, additional work was required to respond to Covid. Perhaps most obviously, in the NHS staff had to put in place enhanced infection control measures and bed occupancy has been at record levels due to the surge in Covid cases, poor patient flow and delayed discharges.[26] The effects on schools were also notable, though some of the pressures on the teaching workforce may have started to ease with the recent *Working Lives of Teachers and Leaders* report suggesting that overall reported working hours were slightly lower than in the *Teacher Workload Survey 2019*.

Second, the nature of the workload changed during Covid. Building on pre-pandemic trends, interviewees told us that both teachers and the police have been required to take on even greater social care and mental health responsibilities due to cuts to local authority services. This work is in addition to normal workloads,[27] differs from the type of work many joined to do and can contribute to an expectations gap between what staff expect their roles to be and their actual roles,[28] adding to retention pressures. In the NHS in particular, many staff are also struggling with the emotional effects of not being able to provide the standard of care they would like to – known as 'moral injury'.[29]

Third, the work required to address unmet need or higher backlogs made worse by the cessation of some services during the pandemic. Again, this is most obvious in the NHS, where tackling the historically high elective backlog has been identified by the prime minister as one of his top five priorities. Similarly, the closure of schools to most children for many months has created an 'effective backlog' in educational and social development. The NASUWT teaching union has argued addressing these challenges will be difficult for teachers given their additional responsibilities beyond teaching.[30]

Some public service jobs involve unsociable hours

Some public services jobs can require staff to work more unsociable hours than many other careers. This is particularly the case in the NHS and police forces, which must run services 24 hours a day, 365 days a year. The work of doctors, nurses and many police officers tends to be split into three shifts a day: breakfast until the early afternoon, another mid-afternoon into evening, and overnight. Staff are usually expected to work a pattern of these over a multi-week period.[31,32,33]

These shift patterns likely contribute to self-reported perceptions of work–life balance. The *2022 NHS Staff Survey* shows 52.5% of staff say they have a balance between work life and home life. Yet a significant minority report lacking enough energy for family and friends during this leisure time (31.8%) and feeling exhausted at the thought of another day or shift at work.[34] The police *Pay and Morale Survey 2022* presents a similar picture, with 49% of respondents saying they have a poor work–life balance and that this has a negative impact on mental health and wellbeing.[35]

Leadership and management can be poor

The importance of leadership and management to retention is borne out by the evidence. For example, in schools administrative leadership has been found to be an influential factor affecting turnover,[36,37] and other literature emphasises the importance of leadership in empowering or disempowering teachers.[38] Similarly, policing research has identified that 'authentic leadership' can increase police organisational commitment[39,40] and organisational support has been found to partially mediate the relationship between limited promotion prospects and intention to leave the police service (though personal morale seems to be the biggest contributor).[41] And in the NHS better engagement was found to lead to happier staff, lower levels of burnout and less desire to leave the NHS.[42]

As might be expected from large organisations employing hundreds of thousands of people, the leadership and management in public services can be of varying quality. In response to the NHS staff survey for 2022, 71% said that their immediate manager is interested in listening to them when they describe challenges and 66% said their immediate manager takes effective action to help with problems.[43] The willingness of managers to take action has been important during the pandemic, when NHS staff have faced particularly difficult working conditions. One interviewee said that local leaders declaring critical incidents could give staff confidence that their managers understood the severity of the situation and would provide the necessary support.[44]

In policing, the availability of management support has been a source of long-standing dissatisfaction.[45,46] Recent Police Federation data partly supports this with a large minority of officers stating not enough management support is a reason they are considering leaving (45.2%). The recent increase in police officers through the uplift programme may be a contributory factor towards this. An interviewee suggested there had been an increase in constables per sergeant and a widespread perception that new officers are being left 'on their own' or are being supported by other junior officers.[47] Despite a recommended tutor to constable ratio of 1:1,[48] forces are struggling to deliver this with almost a third of responses to a new recruits survey

saying their tutor oversaw at least two officers and one in six reporting their tutor oversaw three or more.[49] However, a survey of the new recruits themselves found that 81% were satisfied with the support they had received in 2022, though this was down from 88% in 2021.[50]

Public service staff can also be *over* managed. Previous Institute for Government work has found that the use of targets can be "demotivating for well trained staff [who] feel unable to use their own judgment to provide the best support to those they are meant to be helping".[51] Research in schools has found that 'managerialism' such as performance targets, curriculum changes and increased accountability can make teachers lose commitment and professional identity.[52] More autonomy tends to mean higher retention[53] but levels of teacher autonomy are consistently lower than those experienced by similar graduates.[54]

In the NHS, there is mixed evidence on the autonomy of staff. High numbers of those responding to the NHS staff survey reported high scores for feeling trusted to do their job (90.6%), having frequent opportunities to show initiative in their role (72.9%) and feeling able to make suggestions about how to improve work (70.9%). But only around half felt they have a choice in how to do their work (53.7%) or were involved in deciding on changes introduced that affect their work area or team (50.2%).

Some staff experience bullying and discrimination

A failure to address bullying in the workplace can contribute to poor staff morale, particularly among minority groups, leading to public services struggling to retain staff.

Despite gradual improvements over the past five years, the 2022 NHS staff survey identifies widespread harassment, bullying and abuse. More than a quarter (27.8%) of respondents said they received this from patients/service users or their relatives, or other members of the public, in the last 12 months, but also 11.1% from managers and 18.7% from other colleagues. University Hospitals Birmingham NHS Foundation Trust is a particularly bad example, with an independent review citing the impact on retention of the "toxic atmosphere and bullying at all levels of management" at the trust.[55]

The NHS staff survey also found 9.0% of staff have experienced discrimination from managers and colleagues in the past year, up a percentage point since 2018. However, those from minority ethnic groups (other than white minority groups) are more than twice as likely to report having experienced this type of discrimination (19.9%).

These problems are also widespread in schools. The DfE *Working Lives of Teachers and Leaders* survey shows that 12% of teachers and leaders experienced some form of bullying in the workplace[56] and 8% had experienced discrimination at work in the previous 12 months.[57] The problem appears to be especially bad for some groups, with the same survey showing that discrimination was far more common for those from a Black (23%), Asian (17%), or mixed (14%) background compared to those from a White background (7%).[58]

The police have come under particular scrutiny following the publication of the *Baroness Casey Review*, which described "institutional racism, misogyny and homophobia" in the Metropolitan Police.[59] Unfortunately, it is unlikely these problems are limited to the Met. The union body for all police officers recently stated that "cultural change is desperately needed *across all forces*" to tackle the issues identified in the Casey review.[60] Findings from the Black Workforce Survey also suggest toxic cultures in other forces with incidents of racial discrimination, harassment and micro-aggression commonly experienced.[61] These findings may in part help to explain the consistently higher exit rates among staff from minority ethnic groups (see Chapter 1).

It is critical for public service staff to be empowered to raise concerns and challenge behaviours. In the NHS, while 61.5% of staff say they feel safe to speak up against concerns in their organisation, only 48.7% of staff feel confident action will be taken in response.[62] The situation may be worse in the police. An interviewee told us that 'cultures of silence' are widespread across police forces, discouraging whistleblowing.[63]

There can be limited opportunities for professional development and progression

Staff who feel that they can become better at their jobs, take on more responsibilities, have opportunities for promotion and have access to suitable training with their current employer are less likely to look for alternative roles or leave the service. However, the opportunities for continuing professional development (CPD) and progression vary dramatically between sectors and organisations.

Among teachers, research on CPD for science teachers found that although there was no effect on retaining teachers within a school, it does make them more likely to remain in the profession itself.[64] However, other research has found that effective professional development is associated with higher job satisfaction and reduced desire to move between schools.[65] We also heard that teachers will be more likely to stay within a school if they know there is opportunity for progression and that they do not have to go somewhere else to move up.[66] Fortunately, this appears to be something that schools do quite well, with 67% of teachers agreeing that their 'job offers good opportunities for career progression', compared to 63% of similar graduates.[67]

The picture is slightly less positive in the NHS. According to the latest staff survey, only around half (55%) of respondents said there are opportunities for them to develop their career in their organisation. The situation appears to be worse among nurses, with just 28% of those responding to an RCN survey agreeing that there are opportunities to progress in their current job.[68]

With regards to CPD opportunities, 69% of respondents to the NHS staff survey said that they have opportunities to improve their knowledge and skills, but only 57% have access to the 'right' learning and development opportunities, falling to 47% among ambulance staff. According to research by Ipsos MORI published in 2019, it is difficult for 44% of nurses and midwives even to find time to undertake the CPD required for revalidation on the NMC register every three years.[69] We were also told by an interviewee that CPD hasn't kept pace with the fast moving and evolving nature of nursing.[70]

In the police, only 31% of respondents to a 2022 survey were dissatisfied or very dissatisfied with their promotion prospects, with 37% saying the same about their opportunities for CPD. However, there was greater dissatisfaction (48%) with the professional development review process.* According to the Casey Review there is "serious dissatisfaction with learning and development" within the Met Police, with just over half of 2022 survey respondents (53%) agreeing that they "have opportunities to learn and develop". The review also found there is a learning development backlog, with many sessions cancelled during the pandemic and post-pandemic capacity prioritising the Police Uplift Programme.[71]

Societal norms have changed

Flexible working arrangements like the ability to work from home, job shares or part-time work are increasingly prominent features of the modern workplace, particularly following the widespread adoption of remote working technology during the pandemic.[72] Hybrid working patterns are beneficial for many people: 78% of those working from home in some capacity said it gave them an improved work–life balance according to a 2022 ONS survey.[73] There are particular benefits for workers with parental and childcare responsibilities. These responsibilities disproportionately fall on women,[74] who make up the majority of the education and the health care workforces.[75]

The right to flexible- and home-working arrangements has become an increasing part of the job offer for workers in other sectors, particularly graduate roles. Access to these arrangements varies between and within public services, but a failure to keep up with the wider economy has left the public sector at a comparative disadvantage.

The discrepancy between what employees want and what employers offer is particularly evident in the teaching profession, which has gone from being comparatively flexible (due to teachers' time off over school holidays) to lagging behind other sectors. This was a problem even before the pandemic, with 2018 research suggesting that flexible working arrangements, such as part-time working opportunities, may be a more important driver of retention issues for teachers than pay.[76] This is supported by 2017 research that found that the proportion of secondary school teachers who go on to take up part-time work increases 20 percentage points after leaving, while the pay of teacher leavers declines by an average of 10%.[77]

Since then, the flexibility of teaching has fallen further behind other roles. While the proportion of similar graduates mainly working from home has climbed to 44% in 2021/22 from a pre-pandemic baseline of around 15%, fewer than 5% of teachers do so.[78] We heard from an interviewee that the difficulty of working more flexibly has led some to leave direct employment and become supply teachers.

The 2022 NHS staff survey showed 54.4% are satisfied with their opportunities for flexible working arrangements;[79] 68.5% feel they can approach their immediate managers to 'talk openly' about flexible working. Yet this differs significantly by role: 70.1% of nurses and midwives reported they can approach their immediate line manager about this while just 52.4% of operational ambulance workers can (only 30.9% of whom are satisfied with the opportunities for flexible working). We heard in a roundtable that Agenda for Change – the pay system that covers all NHS staff except doctors, dentists and very senior managers – does not allow for a portfolio career.[80] And, as with teaching, an interviewee told us that the desire for more flexible working partly explained the number of staff leaving direct NHS employment to take up agency or locum roles.

In the police, flexible arrangement guidance, first published in 2013, emphasises the importance of part-time working for increasing diversity in forces.[81] It is difficult to assess the effectiveness of this as there is no good survey data. However, we were told in an interview that there is limited opportunity for part-time or other types of flexible working in front-line roles.

Goodwill is dissipating

Public services would not function properly without the goodwill of staff. This manifests itself most clearly in the willingness of many to work above and beyond their contracted hours.

The vast majority of respondents to the Police Federation's pay and morale survey said they worked paid or unpaid overtime in the past 12 month (92%), with a median unpaid overtime of five hours over a four-week period.[82] In schools, TUC analysis of the ONS Labour Force Survey data for Q3 2022 found that 28% of teachers do an average of more than 10 hours' unpaid overtime per week.[83] The NHS appears to be even more reliant on staff willingness to work unpaid, with 57% of respondents to the 2022 NHS staff survey working additional unpaid hours. The situation is particularly stark for some groups, with 66% of nurses and midwives, 79% of doctors and dentists, and 83% of general management staff doing unpaid hours each week.[84]

There is evidence that this 'discretionary effort' is now being withdrawn, adding to the workload and burnout pressures outlined above. According to the NHS staff survey, there has been a steady year on year decline in the number of staff working additional unpaid hours.[85] And RCN surveys of nurses show that 77% of those who worked additional time did so unpaid in 2022, down from 90% in 2020.[86] Interestingly, willingness to work unpaid hours is strongly connected to length of service. Of those who have worked in the NHS for more than 15 years, 62% work unpaid hours each week, compared to 42% of those in post for less than a year.

While this could be seen as a sign that employers are getting better at remunerating staff for extra hours, the evidence suggests that it may be symptomatic of wider morale problems and a dissipation of goodwill, both of which are contributing to retention difficulties. For example, in 2022 the top two reasons cited by police officers for intending to resign were morale (98%) and how the police are treated by the government (96%).[87] Similarly, feeling undervalued was the top reason given by nurses planning to leave (70%).[88]

The feeling that staff are undervalued by government was brought up repeatedly by interviewees.[89] They cited two main drivers of this. First, the decisions by governments since 2010 to hold down public sector pay and, more recently, the government's hard-line strategy for responding to pay disputes. Second, that poor working conditions over the course of the pandemic and problems with moral injury had pushed many staff to breaking point. Furthermore, there was a sense that there was "no help on the horizon" for dealing with these issues.[90]

4. How to improve retention

In this section we outline six areas where action is needed to improve retention in public services. Our interviews and analysis suggest some progress is being made but much more must be done to address the root causes of these problems.

1. Produce high-quality workforce strategies for public services

If the government wants to retain more public service staff, it needs to get the basics right. Most fundamentally, it must have a clear understanding of how demand for services is likely to change, and the number and type of staff it will need to meet this.

Unfortunately, despite a wide range of government plans, strategies and initiatives to recruit and retain staff, these have usually been unmoored from concrete, reliable figures on what the shape and size of the workforce needs to be. However, in recent years, the government has made some improvements.

The nearest example of good practice informing current resource decisions can be seen in teaching. The Department for Education operates a demand-led teacher workforce model to calculate the number of teacher and training places that are needed.[1] This model is linked to the overall strategy for recruitment and retention and used to evaluate the impact of those policies at a national level where sufficient information is available to do so. However, there remain shortfalls across key subject areas, which have not been filled in recent recruitment rounds. This suggests that either the assumptions in the model or the policies in the strategy need to be changed.

On the NHS, though the government committed to pursuing targets to increase the number of nurses by 50,000 and GPs by 6,000 prior to a comprehensive workforce plan, in June 2023 NHS England did publish its *NHS Long Term Workforce Plan*. In addition to outlining future staffing demand, shortfalls, and actions taken to address them,[2] the plan was externally scrutinised, though the external reviewer noted no action was taken on some lines of criticism relating to the assessment of regional dynamics.[3] Despite this, the King's Fund assessed it as "the most comprehensive, detailed and transparent long-term workforce plan in living memory".[4]

However, the workforce plan did not extend to the social care workforce, a point noted in the 2023 NHS Pay Review Body report, which recommended the production of a social care strategy to complement the new plan.[5]

On policing, the government proceeded with plans to increase the number of police officers by 20,000 without first undertaking a serious assessment of the workforce. This was despite the Home Office acknowledging the importance of identifying "gaps in the workforce" and considering "how pay and conditions, leadership and talent, training and development, wellbeing and recognition can address those gaps". The wait for a police workforce plan looks set to continue with the Home Office stating in its submission to the Police Remuneration Review Body that a "comprehensive

workforce transformation strategy will take time to develop".[6] We were also told during the course of this research that some forces lack a meaningful longer-term assessment of their future skills and capability needs.

The government should produce workforce strategies for all public services. These should include independently audited forecasts for the number and type of staff required to meet demand in five, 10 and 20 years' time, considering likely changes to need, technology and productivity. The strategies should take account of a range of scenarios and should set out the expected number of people who will leave and join in each year, and the plans in place to train and retain enough staff to meet these objectives. These strategies should be informed by input from the front line, unions and employers to better identify and respond to specific workforce-related challenges in each profession. This requires effective data systems that reflect the operational reality facing services. Departments and the centre of government will be best served by agreeing budgets and workforce plans at the same time.

As stated forcefully by the Health and Social Care Committee last year, when chaired by Jeremy Hunt, the current chancellor: "Without full and frank transparency on projected workforce gaps, the public and… staff can have little confidence that the Government has grasped the depth of the workforce crisis."[7]

The government should then commit the necessary resources to implement workforce strategies. In the NHS, it is not clear whether the NHS will secure the funding required to deliver against all aspirations in the plan. The IFS estimates that delivering the plan will require annual NHS budget increases of around 3.6% per year in real terms, substantially higher than the average increases since 2009/20.[8] To ensure the success of the plan the government will also need regular updates to baseline assumptions, clear roles and responsibilities, careful sequencing and rigorous monitoring.[9] As DHSC further refines its long-term plan it should share the lessons it learns with other departments.

2. Make better use of pay review bodies

Pay is a critical factor in people's decision to seek another job or profession. In addition, the government's approach to setting pay contributes to public service morale and whether staff feel valued, which also play a key role in retention. It is therefore important that the government has an effective approach to setting pay.

Around half of public sector workers – including doctors, nurses, other NHS staff, teachers and the police – are covered by pay review bodies (PRBs). These panels comprise members appointed by the prime minister or relevant secretary of state following an open competition. The PRBs collect evidence and make recommendations on pay, other remuneration and working conditions on an annual basis.

PRBs are a helpful mechanism for taking the heat out of industrial disputes. By dispassionately and transparently assessing the evidence, they can produce recommendations that are more likely to be accepted by workers and their unions, than if the government made proposals itself.

However, the recommendations they make are highly constrained by the remits they are set by government, particularly the funding that government says it will make available. For example, DHSC told the NHS PRB that it would only provide funding for a 3% headline pay award to Agenda for Change staff and that the cost of higher settlements would have to come out of existing budgets.[10] It was unhelpful for the government to repeatedly justify its refusal to reopen pay negotiations by emphasising PRBs' "independence" given that they are not truly independent. Doing so politicised the process unnecessarily and resulted in a number of unions announcing their withdrawal from it.[11]

It is in the interests of the government, workers and public service users for pay disputes to be settled amicably. The government should therefore be seeking to bolster confidence in PRBs. At the heart of the current controversy is that PRBs are, rightly, required to consider affordability, but that determination of affordability is based on the evidence provided by government. As a result recommendations are anchored by the government's choices on taxation and spending, and then adjusted by recruitment and retention considerations. The recommendations are not an unconstrained assessment of the optimum level of pay required to meet workforce requirements. But, while PRBs already set out the evidence they have based their decision on, they are not usually explicit about how they have balanced affordability with other factors.

In particular, **the government should require PRBs, through their remit letters, to set out what impact they think implementing their recommendations will have on recruitment and retention**. More clearly setting out the trade-offs in this way would rightly put the focus back on ministers, with whom these decisions ultimately lie.

In addition, **PRBs should make more use of their freedom to consider and make recommendations** on issues such as:

- the balance between pay, pension and other benefits in public sector roles. On average, public sector staff are paid less than those in the private sector but have much more generous pensions.[12] It could help retention to provide public sector staff with higher wages now for less generous pensions in the future. Indeed, this year the NHS PRB recommended the government look at flexibilities that may allow employees to reduce their pension contributions.[13] PRBs should monitor recent changes to pensions rules to see whether any further action is needed to prevent staff from being disincentivised from working.

- whether premium payments are required to retain those with specialist skills, as the government has done with 'levelling up premium payments' for teachers of chemistry, computing, mathematics and physics.[14] This year the teachers' PRB has gone further by calling on the government to consider differentiated pay rises for different subjects and PRBs should continue to consider more creative ways to address chronic shortfalls in key skills groups.[15]

- whether premium payments are required to retain those working in areas where there are regional jobs shortages. While the police PRB recommended to increase the London weighting by 7% for 2023/24 due to issues with recruitment and retention in London and the South East,[16] the London weighting is a bespoke pay mechanism and PRBs should recommend on differentiated pay where they identify specific regional issues.

3. Better consider the impact of decisions on workload

High workloads are an important contributor to high leaving rates. Staff with consistently high workloads are more likely to experience burnout and seek alternative employment, placing even more pressure on those still in post and potentially creating a vicious cycle. Unfortunately, workloads across many public services are very high, with large numbers of staff working additional hours paid or unpaid. In large part, this is due to problems with recruitment, retention and wider workforce planning resulting in there being insufficient staff to manage demand. However, bureaucratic requirements can also prevent staff from focusing on their primary responsibilities.

The government should more regularly consider the impact of its policy decisions on staff workloads. Individual changes to the reporting or training requirements placed on staff might be beneficial and light touch, but when added to existing responsibilities could be overly burdensome. Yet such considerations are rarely given much weight in Whitehall, according to interviewees. One, who was previously a senior civil servant, told us that their former department had scores of civil servants working on staff training but just a handful looking at how to ensure workloads were manageable.[17] Departments should assess the impact of their performance management systems on workload, and we support the Hewitt Review's recommendation that the government and NHS England should reduce the number of national NHS targets.[18]

Central government can also do more to support local leaders. **Departments should provide practical resources to help front-line services reduce workloads.** A good example of this is the online workload toolkit with advice for staff and schools to reduce work volumes, produced by the Department for Education.

We heard from interviewees that although workloads are largely driven by systemic factors, local leadership can have a big impact on the experience of staff. Heads, trust chief executives and chief constables have a lot of leeway about how they interpret national guidance and the requirements of inspectorates. Similarly, while they are subject to national targets, they can choose their own local performance management systems, which if poorly calibrated can lead to additional and unnecessary compliance work for staff. We were also told of simple initiatives that can reduce the workload of staff. For example, rather than individual teachers being responsible for supervising students that they put in detention, schools can centralise detention and run a rota, reducing the number of occasions on which each teacher will need to supervise. **Local public service leaders should more regularly consider the impact of their decisions and leadership style on the workloads of their staff.**

4. Improve leadership and management

There are a wide range of government initiatives and programmes to improve leadership and management. For example, the NHS Leadership Academy offers training programmes for those in their first management role through to those already in senior leadership positions.[19] Similarly, the Department for Education offers national professional qualifications for senior leaders, heads and executive leaders.[20] And the new National Centre for Police Leadership is currently developing and rolling out a leadership programme for officers at every stage of their careers.[21]

Developing individual leaders is necessary but not sufficient as it is clear that in some public service organisations there are deeply ingrained cultural problems that inhibit good leadership and management. **The government should do more to create better organisational cultures that enable leadership.** This should include tackling the barriers to effective leadership within public service organisations such as overly hierarchical structures, short-termism, perverse incentives, and unwillingness to embrace different backgrounds, viewpoints and approaches.[22] In some cases, as recommended by the Casey Review for the Met, this will require bringing in specialist external expertise to overhaul management structures and culture.[23] To this end, departments should also provide improved support and incentives to get the best leaders and managers into the most challenging roles.

The government should ensure that public service leaders are empowered to dismiss staff when necessary. Final accountability for rooting out toxic work cultures lies with the leadership of an organisation. But they must have the tools to affect change within their organisation. To this end, the government should provide all chief constables with the powers recommended by the Casey Review for removing officers.[24] To ensure leadership and management have sight of toxic work cultures, staff require greater encouragement and protections to speak up when they have concerns. For example, we were told by an interviewee that 'freedom to speak up guardians' have been successfully introduced to the NHS to help with this.[25]

The government should ensure that there are enough managers in public services. At best, ministers often ignore the importance of management, giving little consideration to whether, for example, there is enough management capacity to effectively train and oversee 20,000 additional police officers. At worst, management is treated as a synonym for waste, a source of cheap headlines and a target for 'painless' cuts that won't affect the front line. However the evidence is clear that the NHS in particular has too few managers with sufficient autonomy.[26] If the government wants to maximise the impact of the funding provided to public services then it must ensure that those services have sufficient managers to allocate funding effectively.

5. Support flexible working initiatives

Flexible working is now a core part of many work environments. Access to 'flexi-working' arrangements are increasingly shaping people's decisions on where they work, particularly those with caring responsibilities. And each of the public services we examine have flexible working policies. The police have access to flexible working schemes,[27] pilots are under way in schools,[28] and the NHS Staff Council has produced a toolkit to support staff making flexible working applications.[29]

In critical public services, many of which need to be delivered in-person, 24 hours a day, 365 days a year, there is a limit to how flexible working arrangements can be. However, further changes are possible and several initiatives are under way to share good practice. For example, case studies developed through the DfE's flexible working ambassador programme[30] can now demonstrate the way flexible working operates in a school setting.[31] And the roll-out of self-rostering has been shown to reduce nursing turnover by enabling a better work–life balance.[32]

Departments should monitor compliance with the roll-out of flexible working initiatives and support local leaders where extra support is needed. This support could include guides, other resources and mechanisms to link leaders to trailblazer services where flexible working has been rolled out successfully.

6. Improve the evidence base and lesson sharing

Effective workforce planning requires a good understanding of the costs associated with people leaving their posts or exiting the service altogether. Unfortunately, there is currently little high quality data on this. As a result, we were told that government tends to focus on recruitment, the costs of which are better understood.[33] **Departments should seek to better understand the costs of poor retention in the public services they oversee.** This should include:

- The impact on productivity of new staff joining and becoming embedded within teams and organisations

- The impact on service performance of experienced staff leaving

- The costs associated with covering vacant posts, including through overtime and the use of agency staff.

Without a clear picture of the potential cost and efficiency savings from better retention, government cannot make informed decisions.

Moreover, good workforce planning also requires high-quality data systems to ensure evidence-based decision making, with figures publicly available for external scrutiny. Unfortunately, this is not always the case. For example, the recent *NHS Long Term Workforce Plan* introduced a leaver rate of 9.1% for 2022 that restricted the definition of a "leaver" to those leaving NHS employment entirely. However, no historical comparative figures were given, nor any technical details on how this figure was

generated or could be reconciled to other published data.[34] Publicly, data is available via NHS Digital on those leaving NHS hospital and community settings. However, this includes those moving into other NHS roles, and therefore provides limited insight into the number of people leaving key clinical professions.

There is also a significant gap in the evidence base for what works in retaining staff in public services. Interviewees have made clear there are currently no forums for sharing insights, evidence and good practice across government departments on how to improve the work offer to staff. Siloed thinking leads to inefficiency, particularly where workforces have common issues. For example, highly developed thinking by the NHS on how to make work environments menopause-friendly could have applications in other public services.[35] **The government, led by the 'people' function in the Cabinet Office, should develop a rigorous evidence base on different retention interventions that can be used by all public services.**

On a service-specific basis, there are some initiatives for sharing lessons. For example, NHS England has the 'Retention hub', a digital repository of practical information, tools and case studies for trusts and systems. NHS England has also established other support including: an online guide, setting up regional retention communities of practice, and publishing case studies.

The government should ensure that there are mechanisms for sharing service-specific learning across local delivery bodies in all public services.

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