# Report on research into leavers from the health and care workforce

April 2023

**Cordis**Bright

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# Executive Summary

The Greater Manchester Integrated Care Partnership has undertaken a piece of work with its partner Cordis Bright to better understand the challenges around 'Leavers' within the Health and Care Workforce across Greater Manchester (GM). This project was commissioned by the Greater Manchester Workforce Bureau to inform the wider GM retention plan and its alignment to people experience and the NHS people promise with funding obtained through the GM Workforce Collaborative. It set to look specifically at the associated data and information to better inform the reasons behind where people are leaving to and why.

The project has focused on Bolton and Manchester localities for the data collection and analysis, although the findings will apply to Greater Manchester generally. Manchester and Bolton were chosen to provide a sample of the workforce for GM. Data has been drawn from a number of sources:

- Data from the NHS Workforce, taken from the Electronic Staff Record for staff working in Acute and Mental Health Trusts in Manchester and Bolton

- A survey of providers of social care services, and primary healthcare providers

- High level data from Skills for Care

The data collected covers two areas:

- The reasons employees have for leaving

- The destination of employees when they leave

The data available on the reasons that people leave jobs in health and care is fairly comprehensive from the NHS workforce. Data from social care, primary care and independent sector healthcare providers is more patchy, mainly because there is no one collection mechanism. Unlike the NHS, other providers are their own businesses and the only central collection mechanism for the workforce is Skills for Care's Adult Social Care Workforce Data Set. This provides a wide range of data on the social care workforce, where employers provided data under a voluntary scheme, but this only covers around 50% of the workforce nationally, and less in the Greater Manchester area. There is no equivalent data collection in primary care or independent healthcare providers.

The data collected showed clear trends and differences between the health and care workforces and between the individual organisations that contributed to the research. This led to the following conclusions and recommendations covering the workforce and data collection generally.

## 1.1    Overall Conclusions

Although this research project covers both health and care, it is clear that these are very different workforces, with different push and pull factors.

The factors that affect recruitment and retention for both workforces are similar and the data that are available suggest that pay is not the most significant factor, although it probably plays an important role in determining whether or not a health and care worker will stay in the sector if they decide to leave their job. Primary Care, made up of many small employers, probably has more in common with the social care workforce, and initiatives to improve retention in social care will probably improve retention in primary care, particular of administrative staff and managers.

It has proved challenging to access the data for this research, for a variety of reasons, as outlined above. It is also clear that by focusing just on ESR data from the NHS and Skills for Care data for the GM social care workforce, the costs of re-running the research to track changes would be considerably less than the initial research. For this to be successful, however, an agreement with Skills for Care would be required for data access. As noted, the Capacity Tracker also holds a considerable amount of useful data for which an access arrangement would be required.

Finally, it is clear from the data that Greater Manchester is not an outlier in terms of recruitment and retention of the health and care workforce. The issues facing Greater Manchester are similar to those in other large metropolitan areas.

## 1.2    Workforce Recommendations

There are several highlights from the data. One is that for those where a destination is recorded, around 27% of NHS staff remain in the NHS and around 30% of social care staff remain in the sector, suggesting a high level of churn. There is a flow of social care workers moving to work for NHS organisations (18%), but this flow is very much one-way, with just 4% of NHS workers moving to social care. There are organisational differences to these figures and the more detailed analysis will attempt to identify the reasons for this.

Whilst there are workers moving out of social care and out of health care, a significant proportion of them find other work in the health and care sector. The data suggest that overall, including unknown destinations, around 43% of leavers remain in health and care. If unknown destinations are excluded, this represents around 60% of leavers remaining in the health and care sector and 40% leaving to work in other sectors. This mirrors Skills for Care data for Greater Manchester, which suggests that 63% of recruitment is from within the social care sector.

### 1.2.1    Pay and Rewards

Although pay plays a role in retention, it is clear from the NHS leavers data that Pay/Reward is a less important factor over the last few years, in 4th place in 2021/22 data. This is consistent with recent research on NHS retention following

Covid published by the Institute for Policy and Research Study[1]. The end of fixed term contracts, relocation and retirement are the main reasons that people left their NHS jobs in 2021/22.

There is no data on the number of leavers from social care motivated by Pay/Reward, but anecdotal evidence from previous research into care worker retention in Wales by Cordis Bright suggests that workers in social care are not primarily motivated by pay, but that it becomes a significant factor in times of financial pressure (such as the current cost of living crisis) or if work satisfaction falls.

Skills for Care data suggests that average hourly pay (based on March 2022 data) in Greater Manchester is the same as Cheshire and Merseyside at £9.50, compared to £9.36 in Lancashire and South Cumbria.

There is limited scope for direct action within GM on salaries. Some social care contracts include a requirement to pay at the Real Living Wage, but this depends on the ability of the local authority to pay for this within tight social care budgets.

### 1.2.2 General Terms and Conditions

The Greater Manchester Good Employment Charter attempts to address some of the non-pay retention factors, including secure work, flexible work, pay, engagement and voice, recruitment, people management, health and wellbeing and resources for employers. Some of these elements are included as expectations in social care contracts by local authorities, with requirements for giving staff permanent contracts of at least 16 hours a week. Skills for Care data shows that 29% of front-line social care workers in GM have zero-hours contracts, compared to 24% in Cheshire and Merseyside.

NHS data suggests that the retention in Greater Manchester is similar to other large metropolitan areas. For social care, Skills for Care data suggests that 64% of the social care workforce is recruited from within social care, compared to 67% in Cheshire and Merseyside.

Recommendations:

- The Capacity Tracker (operated by NECS) has useful real-time data on the social care workforce, but it is difficult to access the data. It is recommended that ways to access the Capacity Tracker data be explored to provide up-to-date data on the social care workforce.

- Initiatives such as the Good Employment Charter should be pushed to social care employers.

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[1] Ibid

### 1.2.3 Training and Development

There is limited data available on training and development and the role that this plays in retention. Skills for Care data shows that 46% of front-line social care workers hold a relevant social care qualification in GM, compared to 43% in Cheshire and Merseyside.

A number of local authorities have explored ways of improving training within the social care workforce. Bolton has recently provided social care employers access to low cost e-learning, which provided the authority with data on training within individual providers and also ensures consistency across the workforce..

Recommendations

- Exploration of opportunities for a GM social care training initiative to provide the workforce and employers with access to high quality training to support relocation and workforce mobility.

### 1.2.4 Work/life balance

The social care data do not provide any information on the role of work/life balance as a retention factor. The NHS data do suggest that it plays an important role. The Institute for Policy and Research Study above says that from their own data, the most frequently reported reasons why staff leave NHS employment are "stress, shortage of staff/resources and pay". This report suggests that pay is of increasing importance, which is at odds with the ESR data for Manchester and Bolton.

The Institute for Policy and Research Study does not make any recommendations on addressing these factors and indeed they are complex issues for providers to address because they are all the result of under-resourcing in health and care. Wider benefits, such as those outlined in the Good Employment Charter may help to retain staff within the sector, even if they are not able to remain in their current role.

## 1.3 Data Recommendations

- NHS Electronic Staff Record (ESR) data is comprehensive, where collected. Data on the reasons for leaving is reliably collected both within Greater Manchester and nationally, providing a means of analysis. Data on the destination of leavers are not collected routinely, so such data that exist only applies to a small proportion of leavers, and a significant proportion of that data indicate that the destination is not known.

- For social care, Skills for Care does collect some data on leavers, but this combines reasons and destinations, making both comparison and the combining of data with health  difficult. Again, these data is only available for a small proportion of leavers, and where anything is recorded, this is often "unknown" because the leaver did not volunteer the information or was not asked.

- There is currently no mechanism for routinely collecting data from primary and independent healthcare providers. These generally have small workforces, so the lack of data might not be significant when looking at the health and care workforce as a whole, but it does make it very difficult to plan workforce development within primary care in particular.

A number of recommendations arise from this:

1. Within the NHS, there should be a push to collect leaver destination data more reliably. Unless a significant proportion of leavers provide this data, it will be difficult to draw any firm conclusions from it.

2. The Skills for Care data is the only national source of social care workforce data. It would improve the quality of the data if more social care providers completed this. In Stockport, for example, the local authority's home care contract includes a condition that providers register on the ASC-WDS and provide data at least annually. We think this is not an unreasonable request to make of organisations taking funding from the state to deliver social care services and indeed has potential benefits for this sector overall.

3. The questions asked by Skills for Care when a worker is removed from an employer's records would benefit from being aligned more closely with the questions asked on the ESR, and separate questions about reasons for leaving and questions about destinations. This would lead to a much greater understanding of the health and care workforce.

4. Access to data from NHS and Skills for Care is not easy. Skills for Care data are partly proprietary and there are limits on how they can be used and who they can be shared with. An agreement with Skills for Care on how this data can be accessed and shared across Greater Manchester would make repeats of this research much easier. Similar issues affect access to ESR data and particularly VWIZ, and again, agreeing access arrangements for research would make a re-run of this exercise much quicker.

5. There are other options for collecting more reliable data on the destination of leavers that are not dependent on the leaver revealing it. One large social care provider analyses where reference requests come from as a way of determining the destination of leavers. This is not dependent on the worker, although there remain limitations.

## 2    Introduction

The Greater Manchester Integrated Care Partnership has undertaken a piece of work with its partner Cordis Bright to better understand the challenges around 'Leavers' within the Health and Care Workforce across Greater Manchester (GM). This project was commissioned by the Greater Manchester Workforce Bureau to inform the wider GM retention plan and its alignment to people experience and the NHS people promise, with funding obtained through the GM Workforce Collaborative. It set to look specifically at the associated data and information to better inform the reasons behind where people are leaving to and why.

The Workforce Leaver's Research aims to identify where leavers from the health and care workforce are going and the reasons for this. This document includes an analysis of the data collected on workforce leavers across health and care providers and exploration of the key messages from the data.

The report then sets out a set of recommendations for addressing some of the issues raised by the research. This covers an analysis of the data collected and the implications of this and also an examination of the data collection process and the value and mechanism for future research.

# 3    Workforce Data

The project has focused on Bolton and Manchester localities for the data collection and analysis, although the findings will apply to Greater Manchester generally. Manchester and Bolton were chosen to provide a sample of the workforce for GM. Data has been drawn from several sources:

- Data from the NHS Workforce, taken from the Electronic Staff Record for staff working in Acute and Mental Health Trusts in Manchester and Bolton

- A survey of providers of social care services, and primary healthcare providers

- High level data from Skills for Care

The data collected covers two areas:

- The reasons employees have for leaving

- The destination of employees when they leave

Data on the reasons for employees to leave is routinely collected by many organisations, so considerably more data is collected.

The destination of leaving employees is not collected routinely by most organisations and when it is, the response rate is often low.  It is also important to remember that an employee does not have to reveal to their current employer what they will be doing after they leave their employment.

The table below shows what data was collected under each category and its scale in terms of workforce numbers:

| Employer | Reasons for leaving | Destination of leavers |
|---|---|---|
| NHS ESR Data | 28,542 FTE staff over 3 years | Percentage data only for Trusts and GM |
| Skills for Care | 3,165 staff over 2 years | 3,165 staff over 2 years |
| Primary Care Survey | 95 staff over 1 year | 53 staff over 1 year |
| Social Care Survey | 66 staff over 1 year | 31 staff over 1 year |

*Table 1 - Employee data collected by category*

There are some significant differences between the way in which NHS ESR Data is captured in relation to these two questions and how Skills for Care data is captured.

ESR data addresses the two questions separately i.e. reasons for leaving and destination are separate sets of data. Skills for Care effectively combines both reasons for leaving and destination in a single set of questions. For example, a

reason for leaving in the Skills for Care data would 'Going to work for another social care employer'. In terms of this analysis this is both a reason for leaving and a destination i.e., staying within the health and care workforce.

The NHS data is the richest data source because it contains data in a considerable number of leavers, and there are many reasons and destinations listed separately as options.

For the survey looking at social care and primary care staff which we undertook in Bolton and Manchester, the questions relating to reasons for leaving and the questions relating to destination of leavers were matched to that of Skills for Care Survey questions in the expectation that the majority of the data would be provided by Skills for Care. For the purpose of exploratory analysis, NHS ESR data has been grouped to match the social care data as far as possible in order to provide some comparison across the two sectors.

## 3.1     Data Sources

The table below details the sources of the data provided, including the number of employees covered, by sector:

| Sector | Employer | Data Provided |
|---|---|---|
| NHS Employers | Bolton Foundation Trust (Bolton FT) | 2,422 FTE (3 years) |
| | Northern Care Alliance (NCA) | 11,327 FTE (3 years) |
| | Greater Manchester Mental Health Trust (GMMH) | 2,826 FTE (3 years) |
| | The Christie | 1,442 FTE (3 years) |
| | Manchester University NHS Foundation Trust (MFT) | 10,476 FTE (3 years) |
| Social Care | Skills for Care - Manchester Social Care Providers | 1,256 leavers (2 years) |
| | Skills for Care - Bolton Social Care Providers | 1,909 leavers (2 years) |
| | Cordis Bright survey Data – Bolton Social Care Providers | 66 leavers (1 year) |

| Sector | Employer | Data Provided |
|---|---|---|
| Primary Care Providers | Cordis Bright survey Data – Manchester Primary Care Providers | 62 leavers (1 year) |
| | Cordis Bright survey Data – Bolton Primary Care Providers | 33 leavers (1 year) |

*Table 2 - Data Sources by sector and number of leavers*

In all, the data included in the analysis covers some 31,839 members of the health and care workforce based in Bolton and Manchester localities.

# 4    NHS Providers

## 4.1    Reasons for leaving current employment

The most comprehensive data on leavers are the reasons for leaving. This data is routinely collected by most employers through exit interviews, although there is no standardisation of the list of reasons available outside of the NHS.

Data from the Electronic Staff Record (ESR) provides data on reasons for leaving for 28,542 full time equivalent staff leaving their NHS employment. The available reasons for leaving are detailed below:

- Death in service
- Dismissal
- End of fixed term
- Flexibility
- Health
- Incompatible working relationships
- Other
- Pay/Reward
- Pregnancy
- Progression/CPD
- Relocation
- Retirement
- Voluntary Resignation - Reason Unknown
- Work/Life Balance
- Workforce Transformation

Data was also broken down by staff group, providing insight into the reasons that different groups of staff left their jobs. The staff groups for which data was provided are detailed below:

- Allied Health Professionals
- Corporate and Admin
- Medical and Dental
- Nursing and Midwifery
- Other
- Support to Nursing

Reasons for leaving vary between the GM NHS employers providing data, and by year.

The chart below shows the reasons for leaving for all staff groups for all three years of the data. Pay and Reward is the largest reason for leaving, but of the top 6 reasons for leaving, 4 of these (relocation, end of fixed term, retirement and workforce transformation) are largely driven by external factors rather than individual choice, accounting for 52% of leavers.
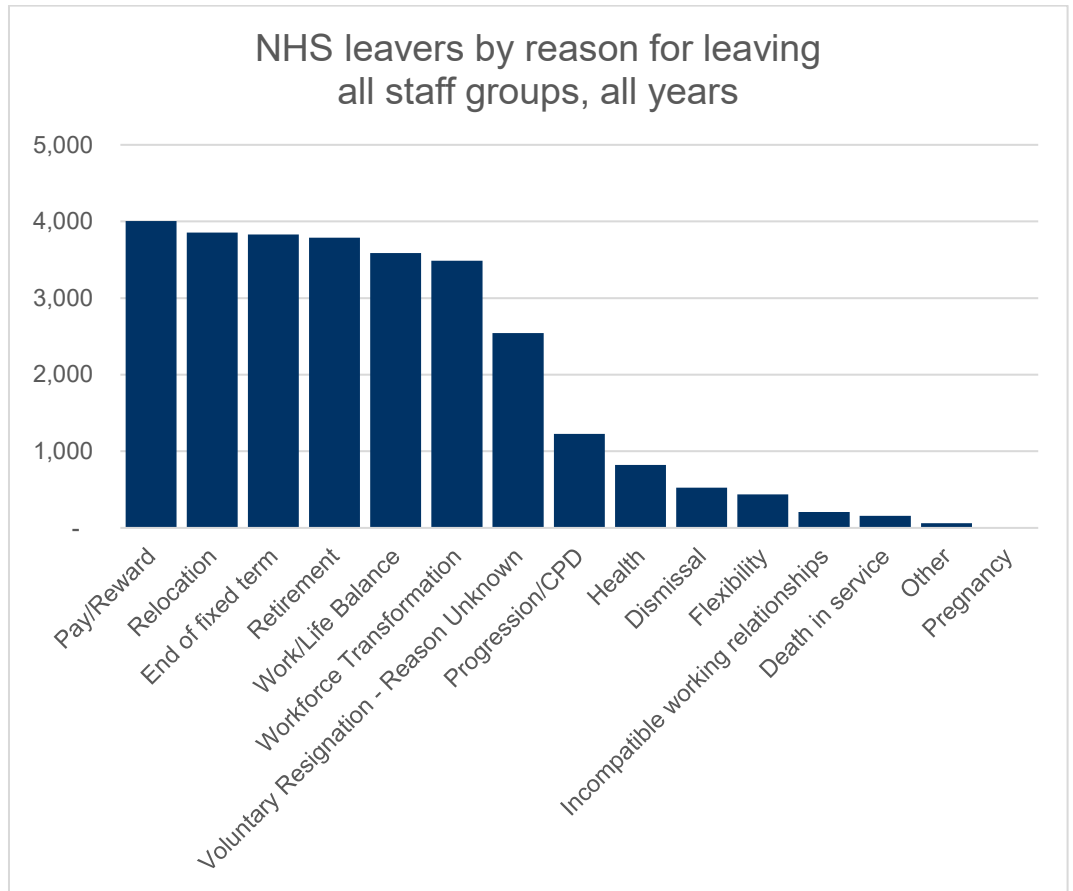
## NHS leavers by reason for leaving all staff groups, all years



*Figure 1 - Chart showing reasons for leaving for all NHS staff groups for all years 20190-22 (Source: ESR data)*

Factors affecting the staff member's experience of work (pay/reward, work/life balance, flexibility) account for 28% of leavers. Work/life balance could cover a wide range of issues, including stress related to understaffing. Recent research on NHS retention following Covid published by the Institute for Policy and Research Study[2] found that the main reasons that people leave NHS employment are "stress, shortage of staff/resources and pay", all of which affect work/life balance decisions.

There have been notable changes in the reasons for leaving over the three years of the data. The table below shows the top 7 reasons for leaving ranked by the percentage of leavers, with 1 being the greatest number of leavers and 7 the lowest in the group. There is little change over the period for the remaining 8 reasons.

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[2] "Should I stay or should I go? NHS staff retention in the post COVID-19 world: Challenges and prospects" – Institute for Policy Research, February 2023

| All Leavers | Overall | Sep-19-Aug-20 | Sep-20-Aug-21 | Sep-21-Aug-22 |
|---|---|---|---|---|
| Pay/Reward | 1 | 1 | 2 | 4 |
| Relocation | 2 | 4 | 4 | 2 |
| End of fixed term | 3 | 5 | 3 | 1 |
| Retirement | 4 | 3 | 5 | 3 |
| Work/Life Balance | 5 | 2 | 6 | 5 |
| Workforce Transformation | 6 | 7 | 1 | 11 |
| Voluntary Resignation | 7 | 6 | 7 | 6 |

*Table 3 - Table showing reasons for leaving ranked by year*

It is notable that **pay/reward** as a reason for leaving has dropped from the top spot in 2019-20 to 4th position in 2021-22, whilst **relocation** has moved up from 4th position to 2nd. **End of fixed term contracts** has moved up the scale from 5th position in 2019-20 to 1st in 2021-22.

The table below shows the reason for leaving for the years by staff group:

| All reasons for leaving | Nursing and Midwifery | Medical and Dental | AHP | Support to Nursing | Corporate and Admin | Other |
|---|---|---|---|---|---|---|
| Pay/Reward | 5 | 4 | 2 | 7 | 1 | 1 |
| Relocation | 1 | 2 | 1 | 5 | 6 | 5 |
| End of fixed term | 9 | 1 | 8 | 1 | 7 | 8 |
| Retirement | 3 | 6 | 4 | 4 | 2 | 7 |
| Work/Life Balance | 2 | 8 | | 2 | 4 | 4 |
| Workforce Transformation | 4 | 5 | 5 | 3 | 3 | 3 |
| Voluntary Resignation | 6 | 3 | 6 | 6 | 5 | 2 |
| Progression/CPD | 7 | 7 | 7 | 8 | 9 | 6 |

*Table 4 - Table showing reason for leaving by staff group for all years*

On pay/reward it is notable that it is the top reason for leaving for Corporate and Admin and Other staff groups, where skills are not sector specific. Work/life

balance is a significant reason for leaving for most staff groups apart from Medical and Dental. Relocation is a top reason for leaving for Nursing and Midwifery, Medical and Dental and AHP. This reflects the complexity and nuance of how people make decisions about their employment which in turn means that there are no simple 'one size fits all' solutions to this challenge.

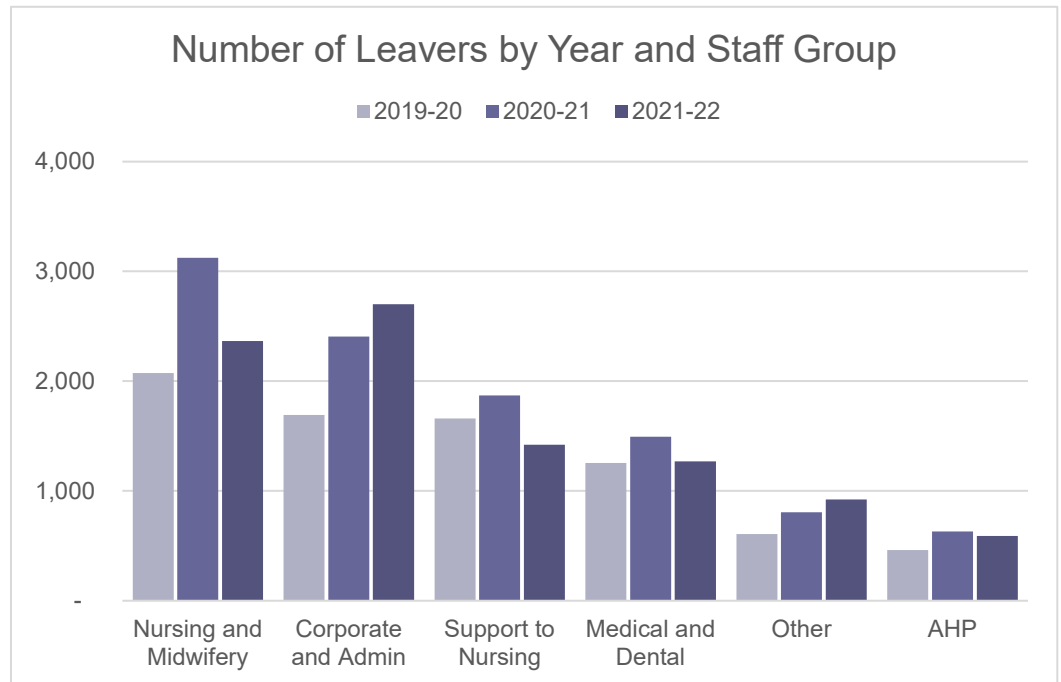The chart below shows the total number of leavers by year and staff group.

4



### Number of Leavers by Year and Staff Group

*Table 5 - Leavers by Year and Staff Group*

The figures so far have looked at all NHS leavers in Manchester and Bolton, but there are significant differences between the NHS providers. Manchester Universities NHS Foundation Trust (MFT) and Northern Care Alliance NHS Foundation Trust (NCA) have the largest number of leavers, by some margin, meaning that the overall figures tend to be determined by what happens in MFT. The chart below shows the number of leavers by organisation by year:
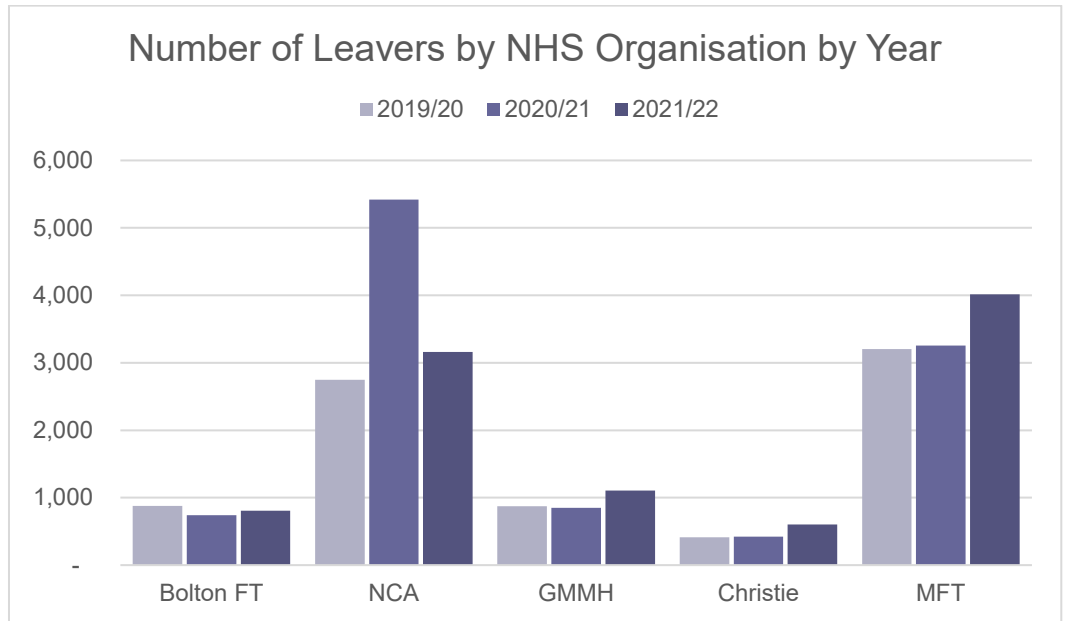
*Figure 2 - Chart showing the number of leavers by NHS Organisation and year*

The spike in leavers from Northern Care Alliance in 2020-21 appears to be due to Workforce Transformation taking place in that year.

The table below shows the ranked reason for leaving for all years for each NHS organisation.

| All reasons for leaving | Bolton FT | NCA | GMMH | Christie | MFT |
|---|---|---|---|---|---|
| Pay/Reward | 4 | 5 | 2 | 2 | 3 |
| Relocation | 6 | 6 | 6 | 4 | 1 |
| End of fixed term | 3 | 3 | 4 | 3 | 4 |
| Retirement | 2 | 2 | 3 | 5 | 5 |
| Work/Life Balance | 5 | 7 | 1 | 6 | 2 |
| Workforce Transformation | 11 | 1 | 7 | 10 | 11 |
| Voluntary Resignation | 1 | 4 | 13 | 1 | 6 |
| Progression/CPD | 10 | 8 | 5 | 7 | 8 |

*Figure 3 - Reason for Leaving by NHS Organisation (all years)*

The top reason for leaving varies for each organisation, although across all organisations, pay/reward is the top reason. However, in percentage terms, pay accounts for 14% of reasons for leaving.

| | Bolton FT | NCA | GMMH | Christie | MFT |
|---|---|---|---|---|---|
| Pay/Reward | 11% | 10% | 17% | 19% | 17% |
| Relocation | 8% | 9% | 11% | 15% | 20% |
| End of fixed term | 18% | 12% | 12% | 15% | 14% |
| Retirement | 20% | 12% | 12% | 9% | 14% |
| Work/Life Balance | 8% | 7% | 20% | 7% | 18% |
| Workforce Transformation | 1% | 28% | 5% | 1% | 1% |
| Voluntary Resignation | 23% | 10% | 1% | 22% | 4% |
| Progression/CPD | 1% | 5% | 11% | 7% | 2% |

*Figure 4 - Top 8 reasons for leaving by percent by organisation*

Overall, the reasons for leaving are fairly consistent across the organisations, with the exception of **Workforce Transformation** at NCA, **Voluntary Resignation** at Bolton FT and The Christie, **Work/Life Balance** at GMMH and MFT, and **retirement** at Bolton FT.

The number of leavers by staff group as a percentage of all leavers is fairly consistent across all of the organisations:

| | Bolton FT | NCA | GMMH | Christie | MFT | Total |
|---|---|---|---|---|---|---|
| Nursing and Midwifery | 29% | 26% | 27% | 23% | 30% | 28% |
| Corporate and Admin | 21% | 26% | 20% | 35% | 24% | 25% |
| Support to Nursing | 22% | 16% | 24% | 11% | 19% | 18% |
| Medical and Dental | 13% | 14% | 5% | 12% | 20% | 15% |
| Other | 7% | 11% | 21% | 13% | 1% | 9% |
| AHP | 7% | 6% | 3% | 7% | 6% | 6% |

*Table 6 - Number of leavers by staff group as a percentage of all leavers by NHS Organisation*

## 4.2 Where people go when they leave current employment

Data on NHS leaver destinations came from the ESR. The data is not robust and the collection varies significantly by provider. The small number of reports for some staff groups means that there is a risk of deanonymisation, so only percentage data was provided. The numbers behind the percentages are not available, but the data were available for less than 25% of leavers, and where data were available, 53% of the responses were "Unknown" It is likely that the final data, excluding "unknown", covers less than 12% of leavers. Because the provision of this data is optional, those who have disclosed it are likely to be leaving for positive reasons where they are happy to disclose their destination.

The list of available destinations for NHS staff is quite detailed, and if the data were collected for a larger number of staff, would provide useful insight into where staff are going.
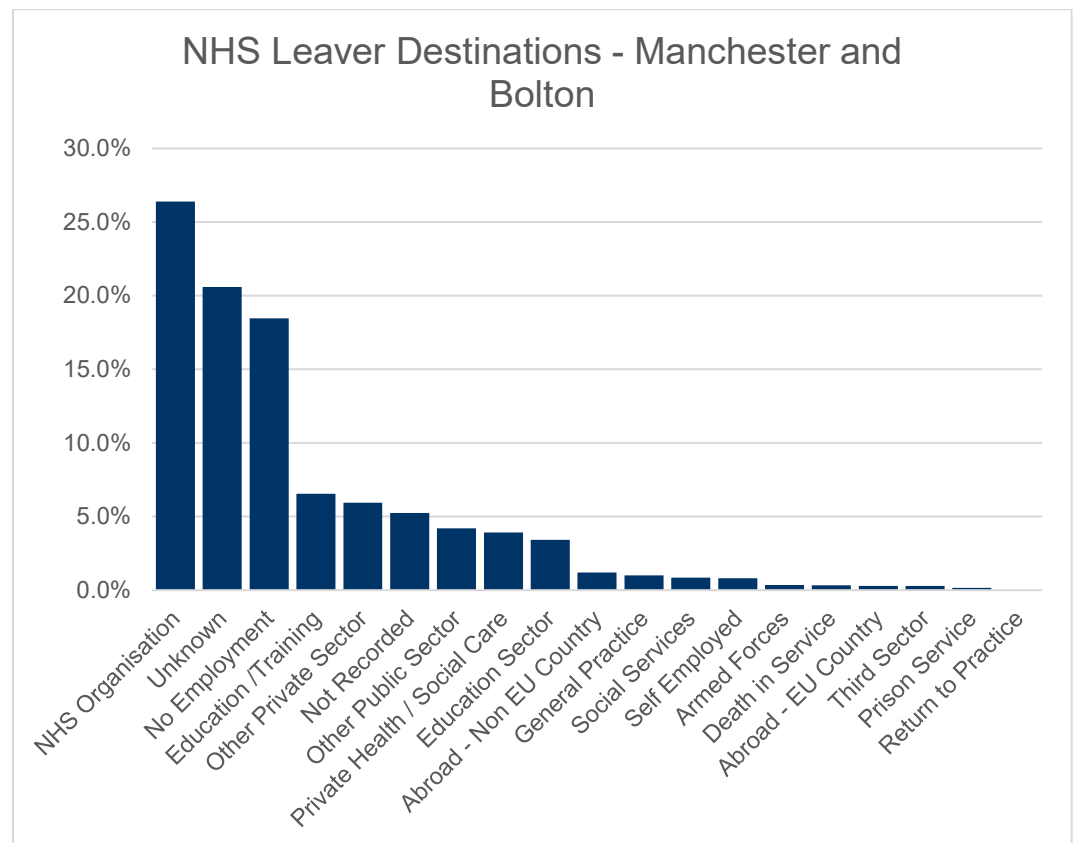


*Figure 5 - Destination of NHS Leavers. Source: ESR data for a small set of leavers*

The table below ranks the top 9 reasons for leaving within the individual providers in Manchester and Bolton:

| | Bolton FT | GMMH | MFT | Christie | NCA | Overall | North West Region |
|---|---|---|---|---|---|---|---|
| NHS Organisation | 2 | 2 | 2 | 2 | 1 | 1 | 1 |
| Unknown | 5 | | 1 | 1 | 2 | 2 | 2 |
| No Employment | 1 | 1 | 3 | 8 | 3 | 3 | 3 |
| Education /Training | 5 | 7 | 4 | 5 | 4 | 4 | 5 |
| Other Private Sector | 4 | 4 | 5 | 4 | 5 | 5 | 6 |
| Not Recorded | 3 | | 10 | 3 | | 6 | 4 |
| Other Public Sector | 5 | 4 | 8 | 5 | 7 | 7 | 8 |

*Table 7 - Top 9 reasons for leaving ranked by provider. Source: ESR data for small set of leavers*

The data suggest that most leavers stay within the NHS (over 25%), but this may be an overstatement because staff are more likely to share their future destination if this is remaining within the NHS than they are if they are leaving for destination outside of the NHS. There is some variation between individual providers, but this may because of differences in how and when data is recorded rather than differences in actual destinations. Figures for the Manchester and Bolton providers overall are very similar to the NW region as a whole.

# 5        Social Care Providers

Data on leavers from the social care workforce comes from Skills for Care data and the survey undertaken of providers in Bolton. The number of reasons for leaving was much smaller than that of the NHS ESR data because there is no standard dataset of reasons, apart from Skills for Care. The questions asked on the survey looking at social care staff and primary care staff undertaken by Cordis Bright matched the Skills for Care data as far as possible to allow the two sets of data to be compared. This does create some issues when looking at destination data because Skills for Care data covers both reasons and destinations in the same dataset, as noted earlier.

Data on the social care workforce have come from the Cordis Bright survey of social care and primary care providers in Bolton. This has been supplemented by data for Skills for Care.

Skills for Care collect data on the social care workforce (the Adult Social Care Workforce Data Set – ASD-WDS), which is a voluntary scheme covering around 50% of social care providers nationally. The ASD-WDS collects basic data about leavers when employers remove an employee from their staffing establishment because they are leaving that employment. Skills for Care also collect data on where staff have been recruited from, as well as training information. It is possible that some of the social care providers who completed the Cordis Bright survey also provided data to Skills for Care over the same period, although providers were asked not to complete the survey if they already provide data to Skills for Care. If there is any double counting, the overall numbers would be very low in comparison to the total data collected.

The Cordis Bright survey of social care workers was sent to all providers known to the Bolton Council Adult Social Care commissioning team. CQC data suggests that there are 102 providers operating in Bolton, of which 15 responded to the survey.

## 5.1      Reasons for Leaving Current Employment

The survey asked for providers to indicate the number of workers leaving for the following reasons:

- To take a job in another organisation of any type
- Change of role in same organisation
- To attend education and training
- Retirement
- Maternity / Paternity
- Employer Terminated Employment (including redundancy)
- Sickness / ill health / disability
- Unknown / Other

The data collected was based on the reasons for leaving defined by Skills for Care, with a number of additional questions to provide further information. Skills for Care define the following reasons for leaving.

- They moved to another adult social care employer
- Employer terminated their employment
- Other
- They moved to a different sector (e.g., retail)
- They moved to a role in the health sector
- The worker retired
- They moved to another role in this organisation

### 5.1.1    Cordis Bright survey data

Survey data were received from 15 providers in Bolton, providing information on reasons for leaving for 66 staff members over the most recent 12 months period.
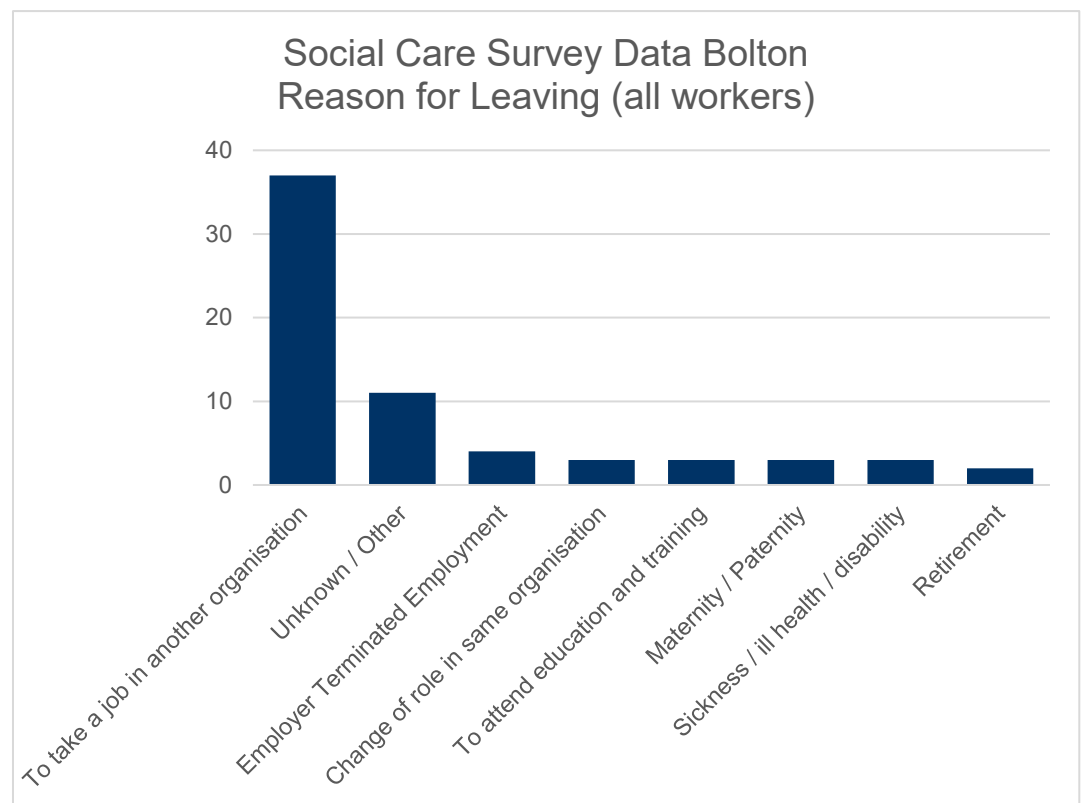


*Figure 6 - Social Care Survey Data (Bolton) Reason for Leaving by number of staff*

The smaller set of reasons for leaving in the Skills for Care and Survey data does not include pay/reward or work/life balance as reasons, so these will be generally included in taking a job in another organisation. The next section groups the NHS data to the same headings as social care to provide a more direct comparison of the data.

The reasons for leaving are similar for the different staff groups. The staff groups within social care are different from the NHS ones for obvious reasons, so it is difficult to directly compare the two sets of data. Most of the data supplied relates to Care Workers (41%):
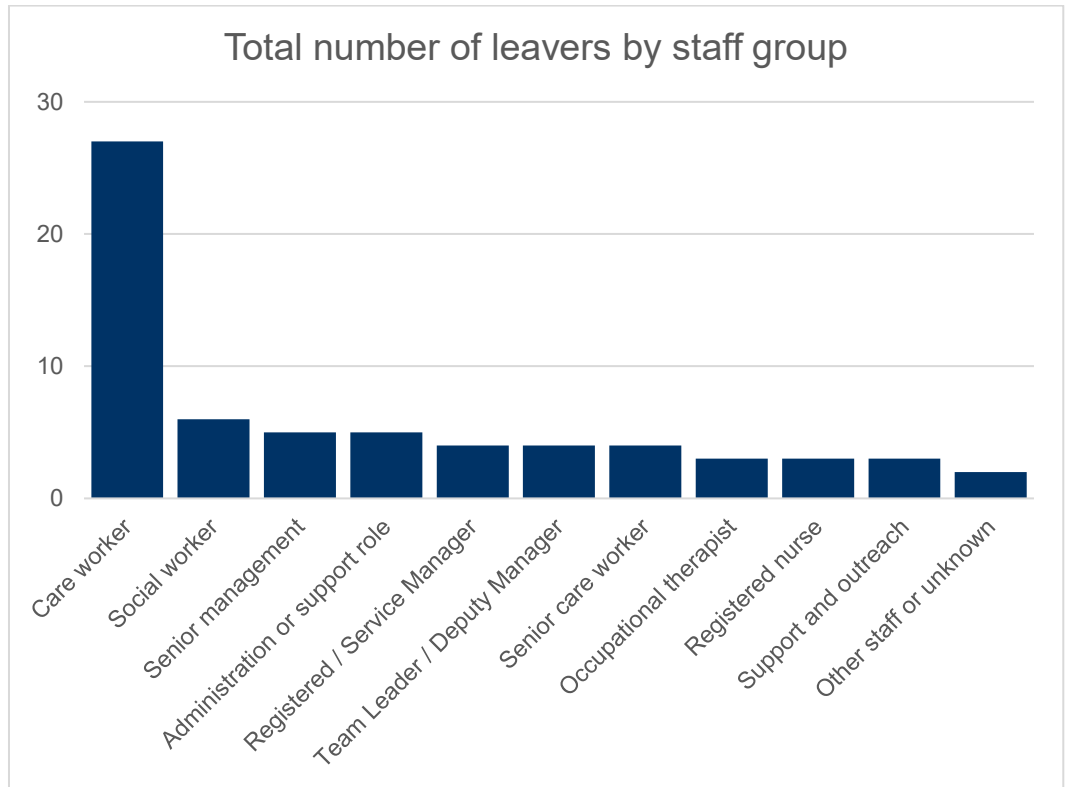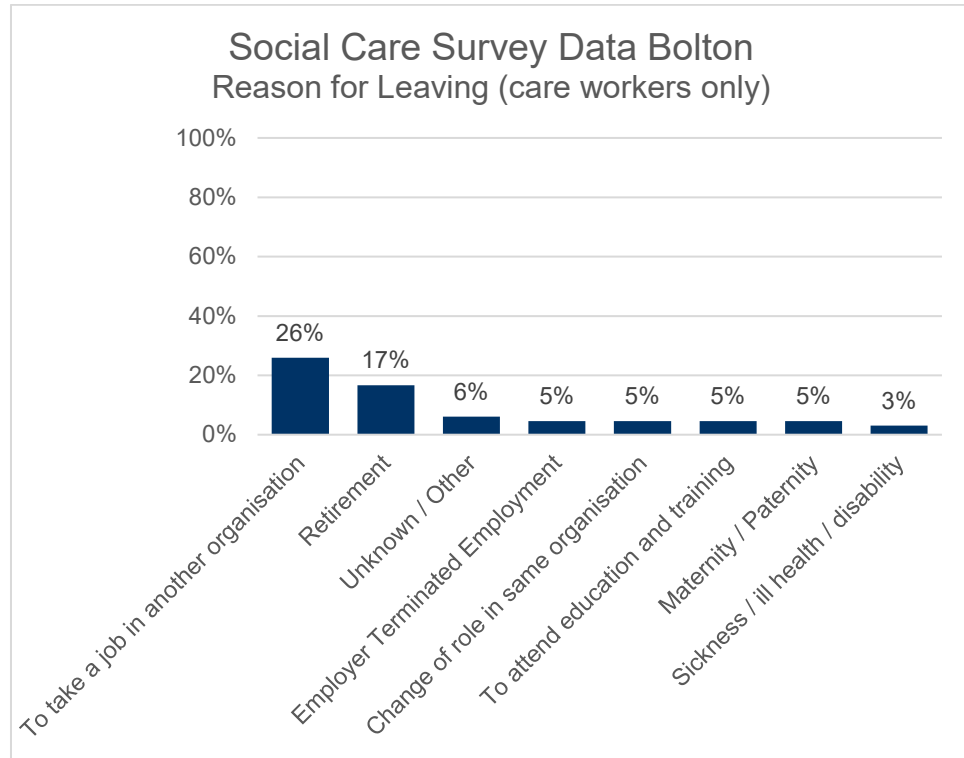


*Figure 7 - Number of leavers by Staff Group (Source: Cordis Bright survey data, Bolton)*

The reasons for leaving are split between Care Workers (in the chart below) and all other workers in the following one:

*Figure 8 - Survey Data for Bolton Social Care Leavers (Care Workers). Source: Cordis Bright survey*
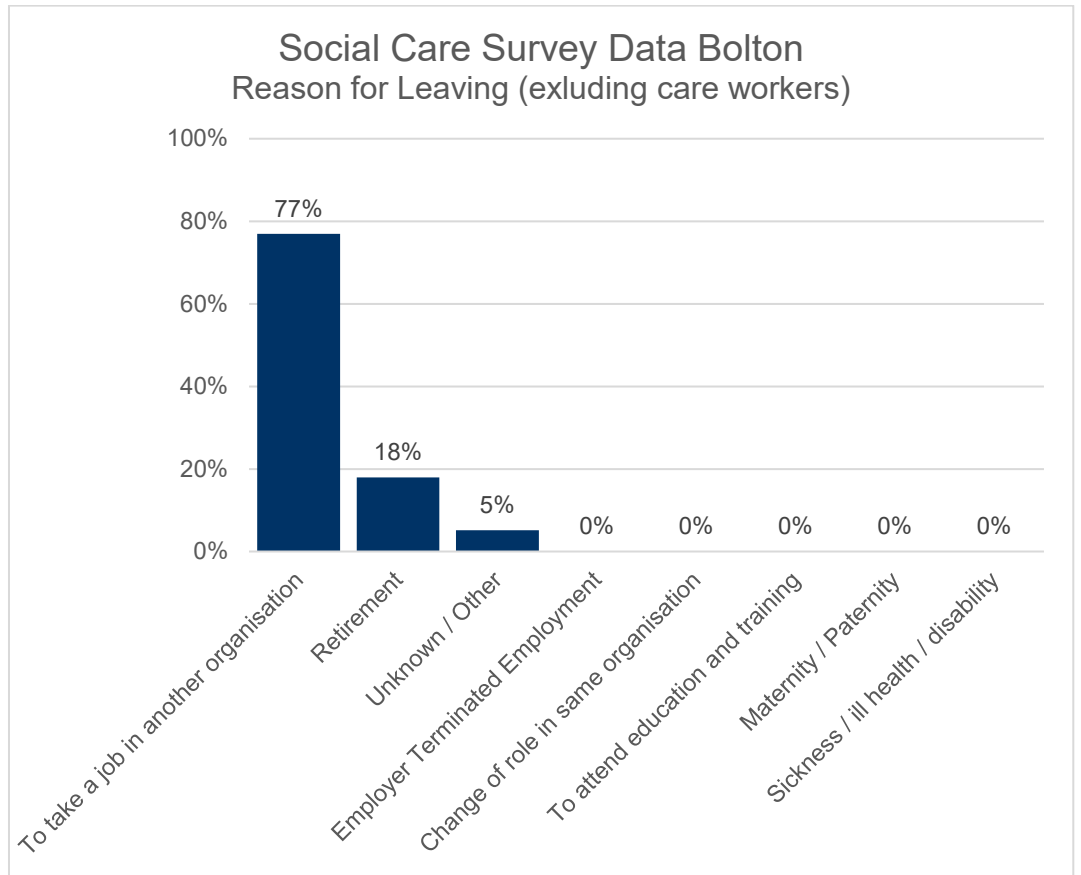


Social Care Survey Data Bolton
Reason for Leaving (care workers only)

*Figure 9 - Survey Data for Bolton Social Care Leavers excluding Care Workers. Source: Cordis Bright survey*

## Total number of leavers by staff group
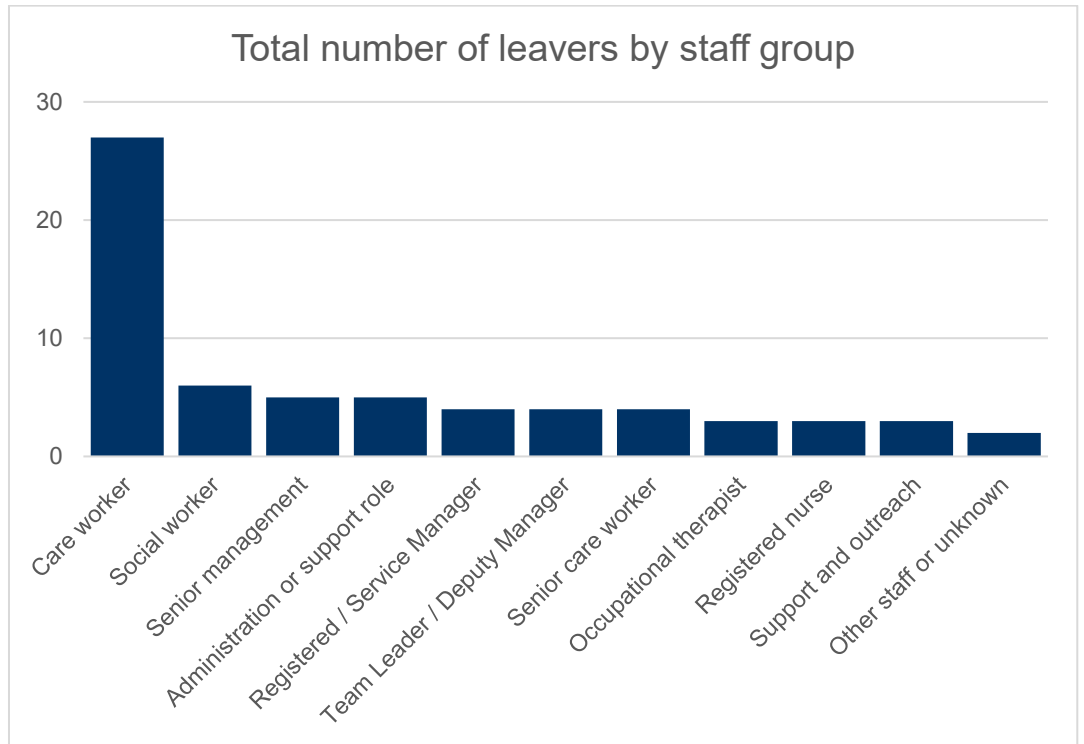


*Figure 10 - Number of leavers by Staff Group (Source: Cordis Bright survey data, Bolton)*

### 5.1.2    Skills for Care data

The Skills for Care data covers Manchester and Bolton localities, from May 2020 to January 2023. These data cover more providers and staff as the Cordis Bright survey, but do not provide as much information. In particular, the data is not broken down by staff role, although it would be expected that the majority of the leavers are direct care workers, since they make up the bulk of the workforce.
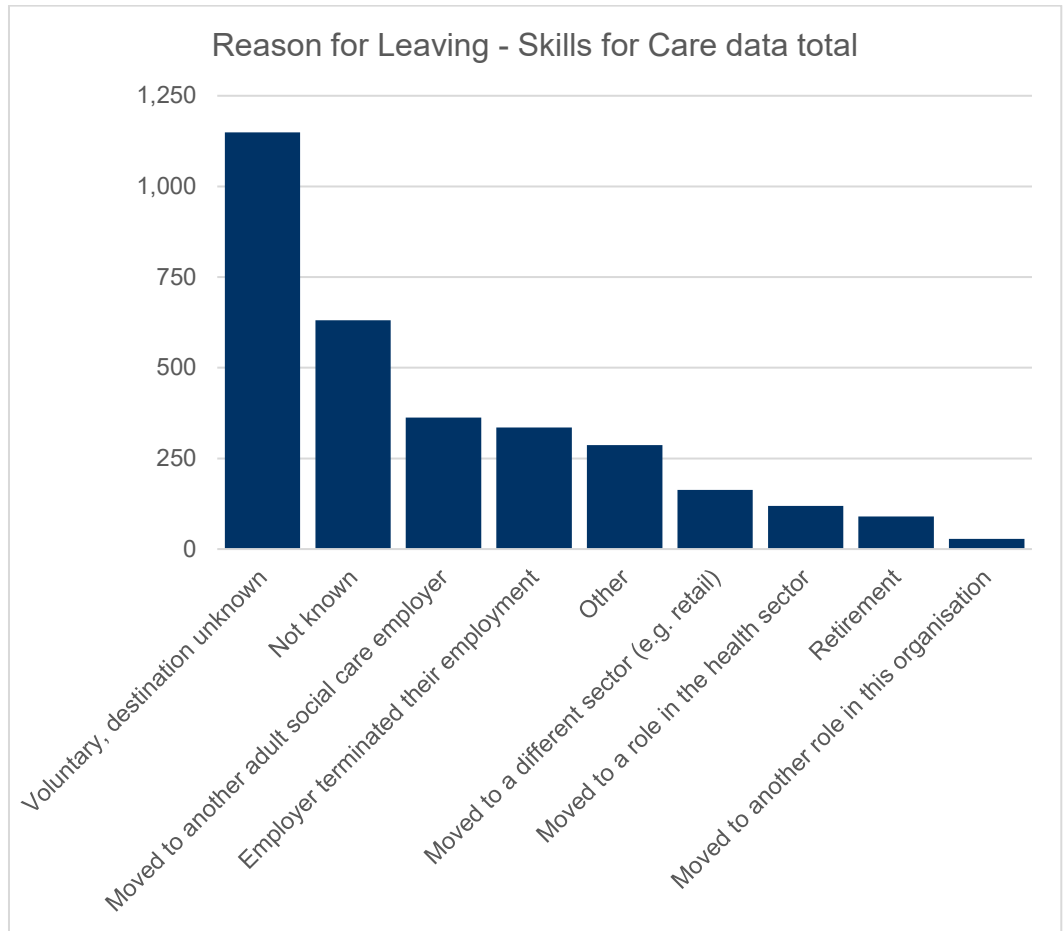
Reason for Leaving - Skills for Care data total

*Figure 11 - Reasons for Leaving, Manchester and Bolton (Source: Skills for Care)*

There is some alignment with the survey data on reasons for leaving with voluntary departure being the largest reason. Grouping voluntary departures where the destination is unknown, and where the destination is another employer, this reason is a similarly high proportion to that of the survey data.

The proportion of reasons where the employer terminated the employment is similar across the two data sources.

When the data for Manchester and Bolton are compared, the reasons for leaving are similar. We have shown the data as both actual and percentages to allow for clearer comparison. The biggest area of difference between the two areas is that of 'unknown' in other words in Manchester reasons for leaving are not available for 28% of leavers as compared to 15% of leavers from Bolton.

There is less data available for Manchester, because fewer employers are reporting data to Skills for Care:
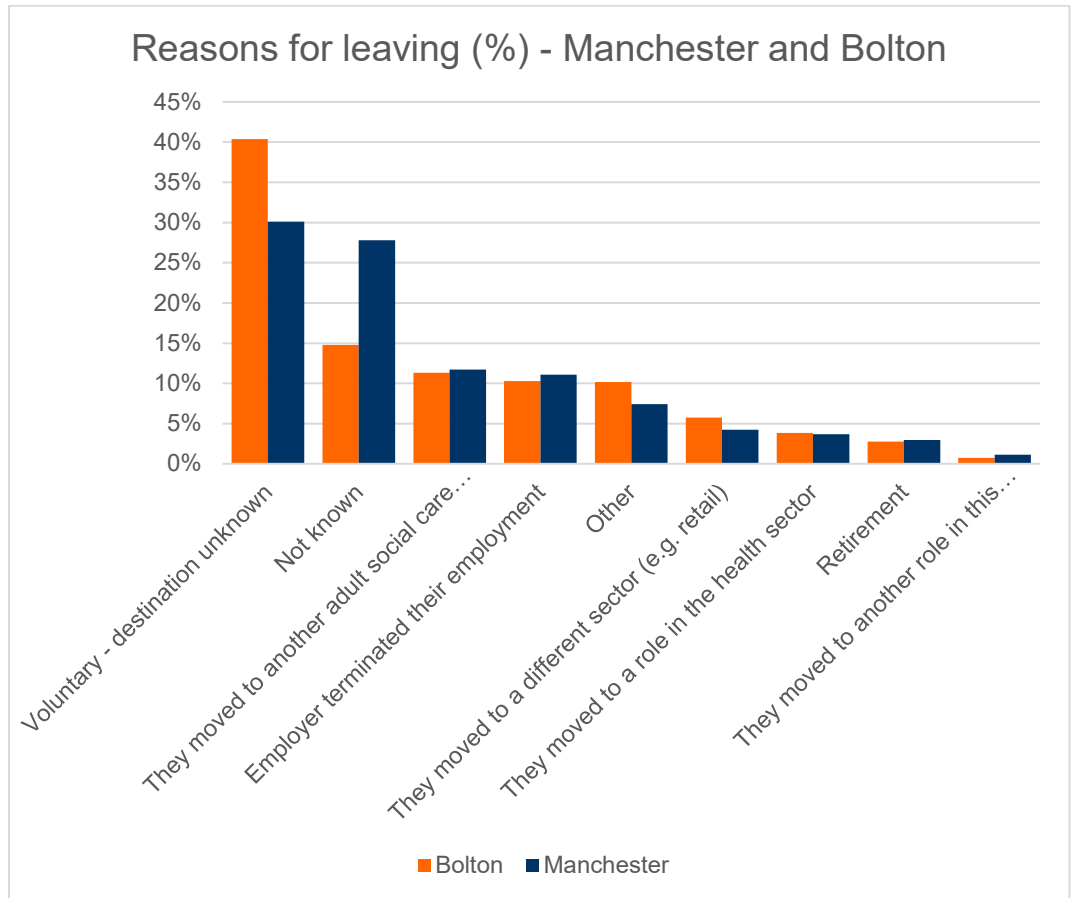
*Figure 12 - Reasons for Leaving, Manchester and Bolton Comparison (Source: Skills for Care)*

## 5.2    Where people go when they leave current employment

### 5.2.1    Cordis Bright survey data

Data for social care providers was collected from the survey of Bolton providers. Providers were asked a smaller set of questions about the destination of leavers compared to the NHS questions. Overall, data was provided for 33 leavers, compared to 61 leavers for whom reason data was provided.

Unlike the NHS ESR data, the survey data collected information by staff role, but the low numbers of responses means that the data for most of these roles is not reliable.

## Social Care Leaver Destinations - Bolton
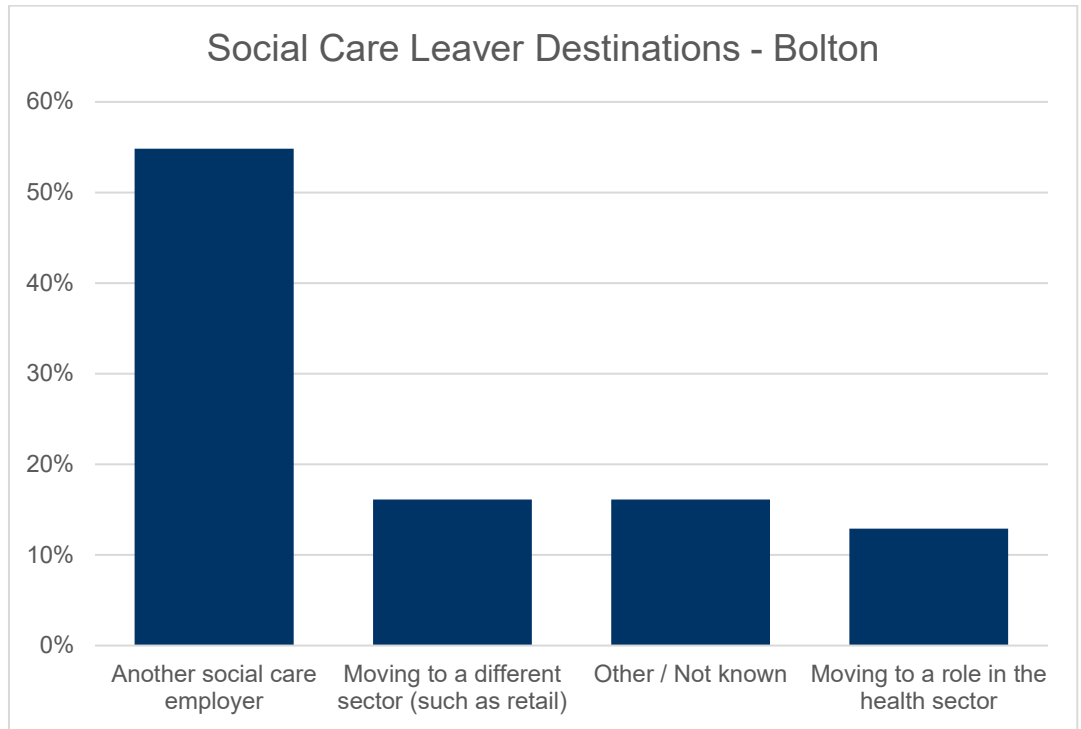
*Figure 13 - Social care leaver destinations - Bolton. Source: Cordis Bright survey data*

As with the NHS providers, most leavers stay within the sector, with 16% moving to a different sector, and 13% moving to a role in Health.

The low level of responses for staff other than care workers means that these figures reflect the destination of care workers. Analysis by staff group is not possible due to the small number of leavers in other roles.

### 5.2.2    Skills for Care Data

As noted, it is difficult to do a detailed analysis of the destination of leavers from the Skills for Care data, but it is clear from it that the majority of leavers remain in the social care sector, and it is likely that the profile of leavers in the Skills for Care data is similar to that of the Cordis Bright survey data.

Looking Skills for Care data where there is a clear destination, overall, up to 72% of leavers could be remaining in the health and care sector, although a larger proportion of the unknown leavers could be leaving the sector:

| Destination | Number | Percent |
|---|---|---|
| They moved to another adult social care employer | 216 | 54% |
| They moved to a different sector (e.g., retail) | 110 | 28% |
| They moved to a role in the health sector | 73 | 18% |

*Table 8 - Skills for Care leaver destinations where the destination job sector is known. Source: Skills for Care*

# 6      Primary Care Data

There are no reliable sources of data for the Primary Care workforce, covering GP Surgeries, Dentists, Optometrists, and Pharmacists. This data was collected via a survey that was send out to the providers in Manchester and Bolton on the Primary Care mailing list by NHS England.

They survey had 31 responses from primary care providers in Manchester and 13 providers in Bolton. The size of the workforce in primary care organisations is much smaller than social care, so the actual number of leavers data were collected on was much smaller.

|  | Number of Employers | Number of Leavers |
|---|---|---|
| Manchester Primary Care | 31 | 62 |
| Bolton Primary Care | 13 | 33 |
| **Total** | **44** | **95** |

*Table 9 - Primary Care Survey Responses (Source: Cordis Bright Survey)*

## 6.1     Reasons for Leaving Current Employment

The data on reason for leaving for all primary care employees are very similar to the social care data:
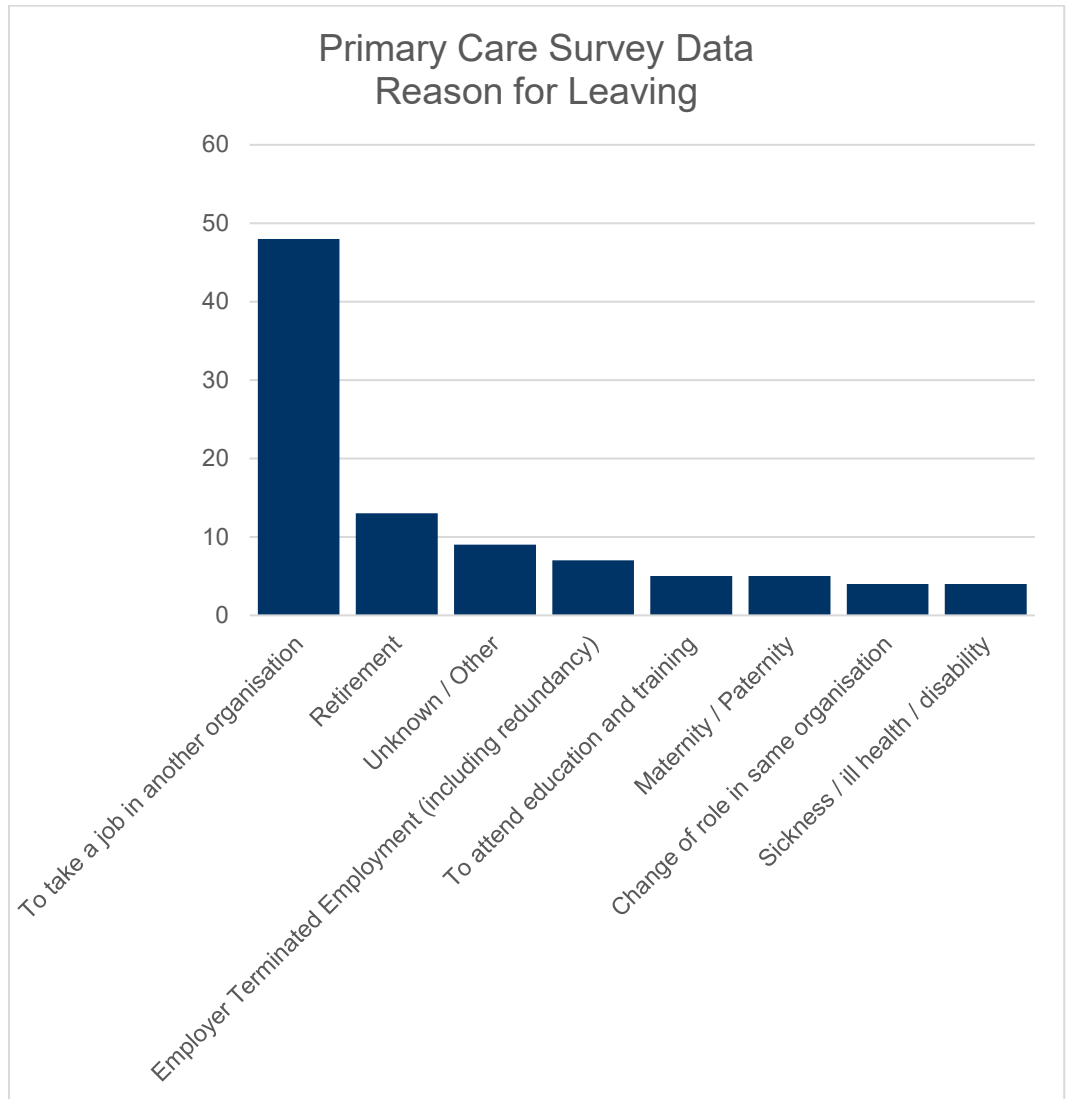
*Figure 14 - Primary Care Reason for Leaving (all leavers) (Source: Cordis Bright survey)*

Comparing Manchester and Bolton, the figures are again similar for most reasons although there are also some key differences, most notably in terms of the proportion of primary care staff leaving employment due to retirement in Bolton

## Reasons for Leaving Primary Care (%) by Locality



*Figure 15 - Reasons for Leaving Primary Care - Manchester and Bolton comparison (Source: Cordis Bright survey)*

There are differences in reasons for leaving primary care employment by job role:

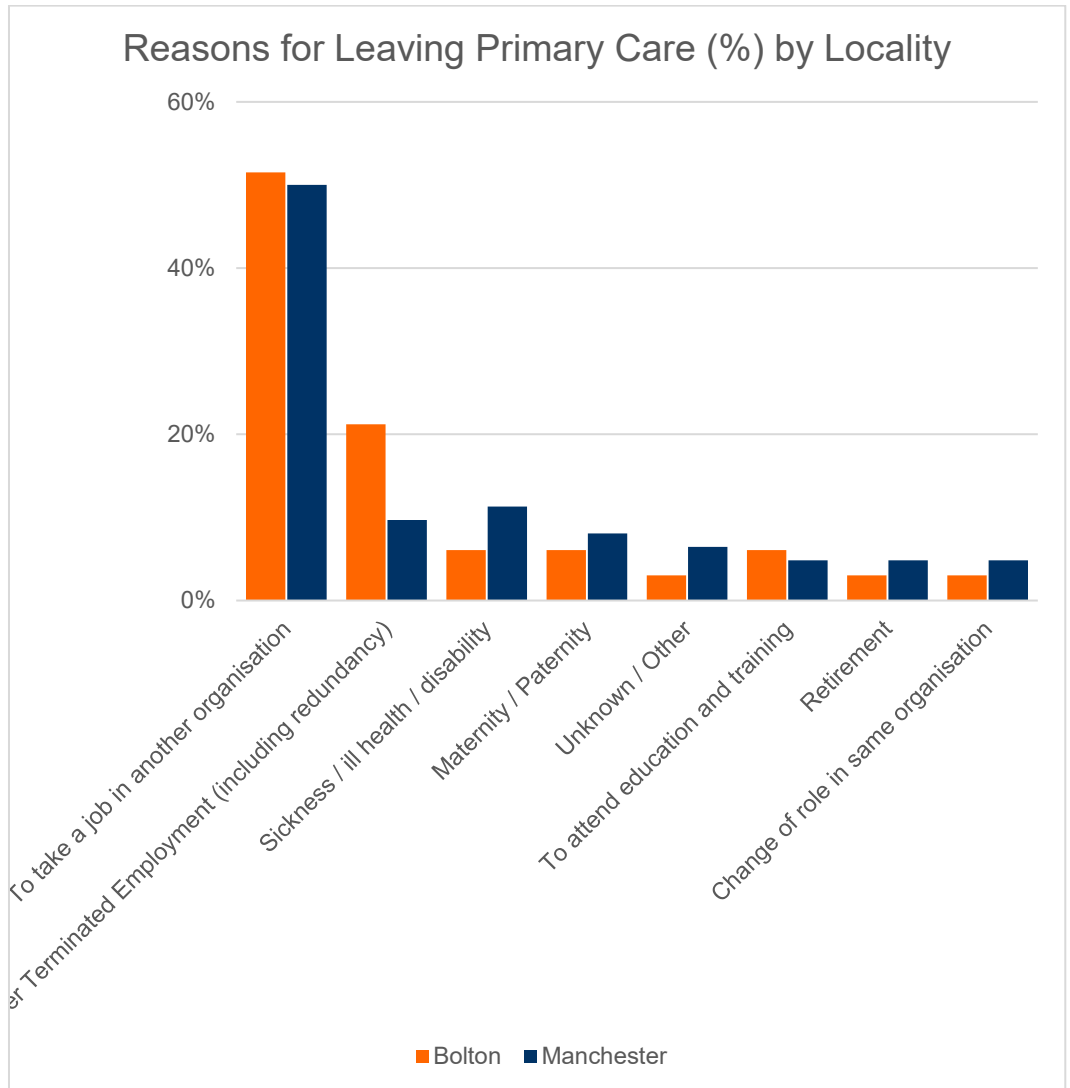| Combined Reasons | To take a job in another organisation | Change of role in same organisation | To attend education and training | Retirement | Maternity / Paternity | Employer Terminated Employment (including redundancy) | Sickness / ill health / disability | Unknown / Other |
|---|---|---|---|---|---|---|---|---|
| Nursing and Midwifery | 1 | - | - | 2 | - | 3 | - | 3 |
| Medical and Dental | 1 | 3 | 3 | 2 | 5 | 5 | 5 | 5 |
| AHP | 1 | 5 | 2 | 2 | 5 | 5 | 5 | 2 |
| Support to Nursing | 1 | - | - | - | 2 | - | - | - |
| Admin and Clerical | 1 | 5 | 5 | 2 | 5 | 2 | 5 | 2 |
| Other | 1 | - | - | 2 | 2 | - | 2 | 2 |
| **Total** | 1 | 7 | 5 | 2 | 5 | 4 | 7 | 3 |

*Table 10 - Reasons for Leaving by Job Role (Source: Primary Care Survey)*

Looking at which staff groups are leaving primary care, there are some differences between Manchester and Bolton that cannot be accounted for by the numbers:
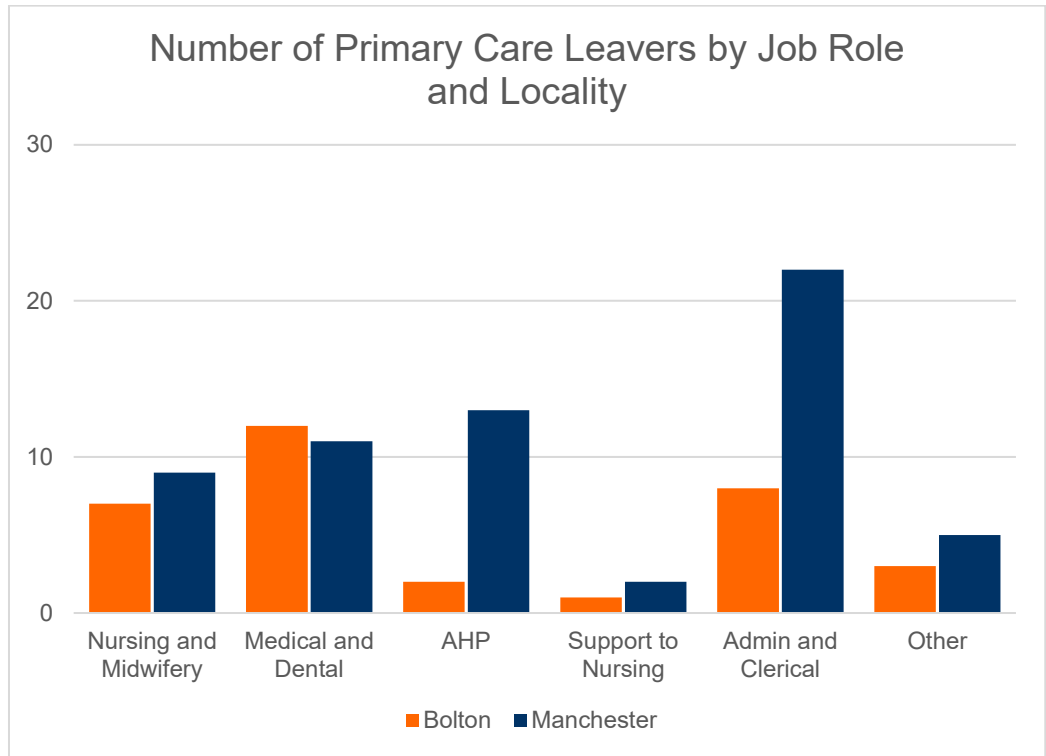
*Figure 16 - Primary care leavers by staff group and locality - number of leavers (Source: Cordis Bright survey)*

The chart below expresses the number of leavers by Staff Group in terms of the percentage of all leavers, showing marked differences between the staff groups:
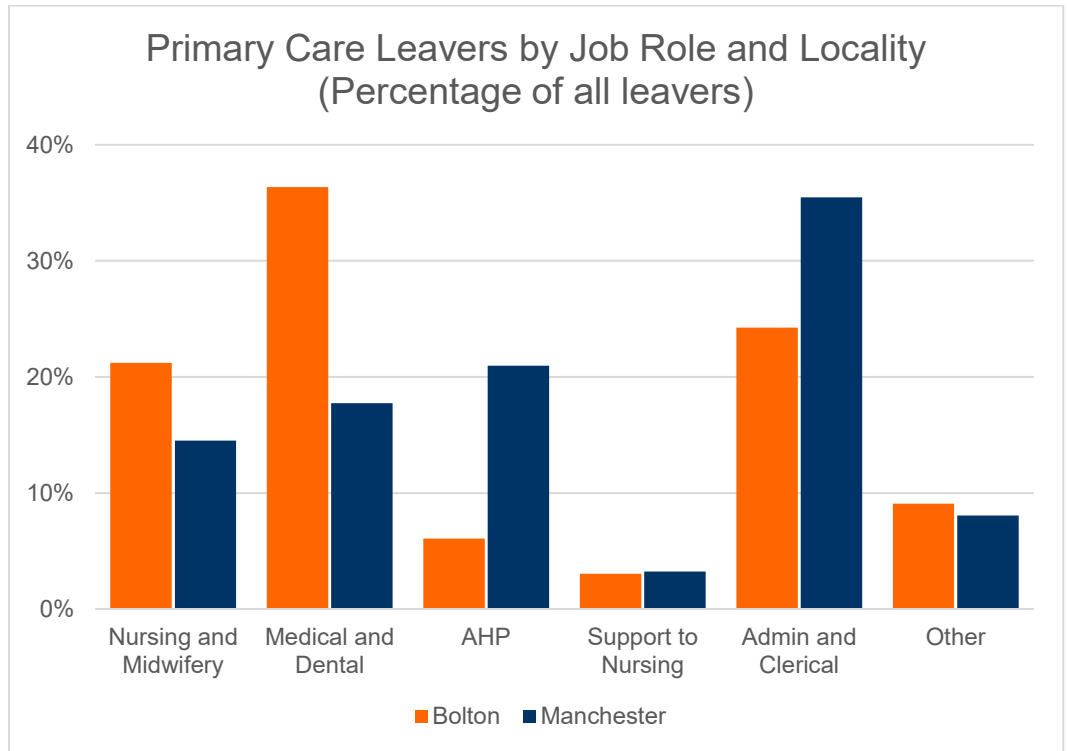
*Figure 17 - Primary care leavers by staff group and locality – percentage of all leavers (Source: Cordis Bright survey)*

## 6.2     Where people go when they leave current employment

Data were collected on the destination of 53 leavers from primary care providers in Manchester and Bolton – 43 Manchester and 10 Bolton leavers. Because of the small number of Bolton leavers for whom data is available, only the combined data will be reported. The data were collected via the Cordis Bright survey, and providers were asked about the same destination as social care providers.
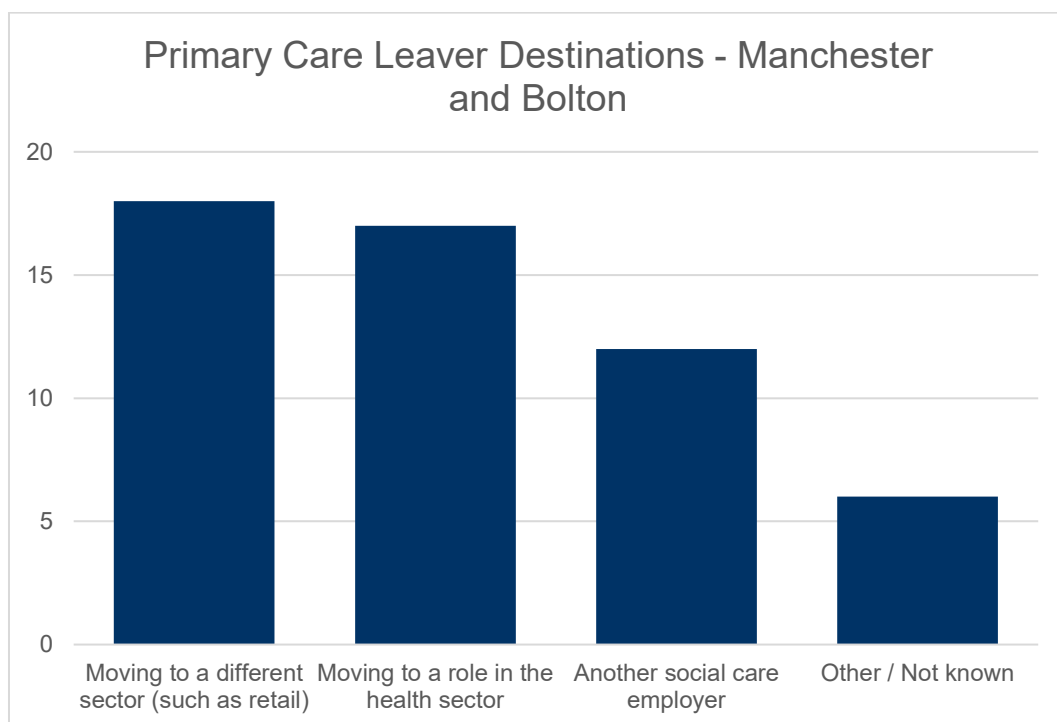
*Figure 18 - Primary Care Leaver Destinations - Manchester and Bolton (Source: Cordis Bright urvey data)*

There are some differences in the destination of different staff groups within Primary Care. Although it is a small sample, the variances look significant enough to be worth reporting, which appear in the table below:

| Combined Destinations | Moving to a social care employer | Another role in the health sector | Moving to a different sector | Other / Not known | Response Total |
|---|---|---|---|---|---|
| Nursing and Midwifery | 3 | 4 | 1 | 0 | 8 |
| Medical and Dental | 4 | 5 | 2 | 1 | 12 |
| AHP | 1 | 1 | 0 | 1 | 3 |
| Support to Nursing | 0 | 1 | 0 | 0 | 1 |
| Admin and Clerical | 4 | 5 | 11 | 2 | 22 |
| Other | 0 | 1 | 4 | 2 | 7 |
| **Total** | **12** | **17** | **18** | **6** | **53** |

*Table 11 - Destination of leavers by staff group, primary care. Source: Survey data*

It is notable that although the largest destination of primary care leavers is outside the health and care sector, this is driven by Admin and Clerical leavers. Health professional leavers tend to remain within the sector.

# 7 The GM Health and Care Workforce

## 7.1 Exploratory data comparison

We have undertaken an exploratory examination of the combined data. This is of necessity an imperfect picture of what is happening in the combined health and care workforce. However, at the highest level it does appear to indicate both common trends and areas of difference.

Clearly, were the data sets relating to health, social care and primary care more similar, then the value of this type of exploration would be greater.

## 7.2 Reasons for Leaving for all sectors

The final section of the examination of the reasons for leaving is a comparison of the reasons of leaving between the different sectors. So far, the data has been looked at in terms of individual employment sectors (NHS employers, social care and primary care), partly because different data is collected.

The data below are based on grouped data so that the reasons for leaving can be compared between the employment sectors. This has been achieved by grouping the NHS reasons for leaving under the smaller number of social care reasons. The table below shows the groupings used.

We asked social care providers completing the survey not to do so if they were already contributing data to Skills for Care, so the two datasets should be distinct.

| NHS Reason | Social Care Reason |
|---|---|
| End of fixed term | Employer Terminated Employment (including redundancy) |
| Retirement | Retirement |
| Voluntary Resignation - Reason Unknown | To take a job in another organisation |
| Pay/Reward | Unknown / Other |
| Relocation | To take a job in another organisation |
| Work/Life Balance | Unknown / Other |
| Dismissal | Employer Terminated Employment (including redundancy) |
| Health | Sickness / ill health / disability |
| Flexibility | Unknown / Other |
| Progression/CPD | To attend education and training |

| NHS Reason | Social Care Reason |
|---|---|
| Death in service | Sickness / ill health / disability |
| Workforce Transformation | Employer Terminated Employment (including redundancy) |
| Other | Unknown / Other |
| Pregnancy | Maternity / Paternity |
| Incompatible working relationships | Unknown / Other |

*Table 12 - Grouping of NHS ESR reasons for leaving under social care reasons*

The data are expressed in terms of percentages because of the differences in numbers of leavers between the different organisations and sectors.

The table below shows the grouped reason for leaving by organisation showing the percentage of leavers for each reason for each organisation / data source:

| Reasons for Leaving by Percentage | Bolton NHS | NCA | GM MH | Christie | MFT | Bolton Primary Care | Manchester Primary Care | Bolton Social Care | Bolton SfC | Manchester SfC | All Organisations |
|---|---|---|---|---|---|---|---|---|---|---|---|
| To take a job in another organisation | 25% | 25% | 12% | 37% | 23% | 52% | 50% | 56% | 21% | 20% | 32% |
| Change of role in same organisation | | | | | | 3% | 5% | 5% | 1% | 1% | 3% |
| To attend education and training | 1% | 6% | 10% | 7% | 2% | 3% | 6% | 5% | | | 5% |
| Retirement | 22% | 15% | 11% | 9% | 15% | 21% | 10% | 3% | 3% | 3% | 11% |
| Maternity / Paternity | | | | | | 6% | 5% | 5% | | | 2% |
| Employer Terminated Employment | 31% | 24% | 18% | 16% | 12% | 6% | 8% | 6% | 10% | 11% | 14% |
| Sickness / ill health / disability | 3% | 3% | 5% | 3% | 5% | 3% | 5% | 5% | | | 4% |
| Unknown / Other | 18% | 27% | 43% | 28% | 44% | 6% | 11% | 17% | 65% | 65% | 33% |

*Table 13 - Staff reasons for leaving as a percentage of all leavers for*

The next table shows the same data again, but ranked by reason for leaving within each organisation:

| Reasons for Leaving by rank | Bolton NHS | NCA | GM MH | Christie | MFT | Bolton Primary Care | Manchester Primary Care | Bolton Social Care | Bolton SfC | Manchester SfC | All Organisations |
|---|---|---|---|---|---|---|---|---|---|---|---|
| To take a job in another organisation | 2 | 2 | 3 | 1 | 2 | 1 | 1 | 1 | 2 | 2 | 2 |
| Change of role in same organisation | - | - | - | - | - | 6 | 6 | 4 | 5 | 5 | 7 |
| To attend education and training | 6 | 5 | 5 | 5 | 6 | 6 | 5 | 4 | - | - | 5 |
| Retirement | 3 | 4 | 4 | 4 | 3 | 2 | 3 | 8 | 4 | 4 | 4 |
| Maternity / Paternity | - | 7 | - | - | - | 3 | 6 | 4 | - | - | 8 |
| Employer Terminated Employment (including redundancy) | 1 | 3 | 2 | 3 | 4 | 3 | 4 | 3 | 3 | 3 | 3 |
| Sickness / ill health / disability | 5 | 6 | 6 | 6 | 5 | 6 | 6 | 4 | - | - | 6 |
| Unknown / Other | 4 | 1 | 1 | 2 | 1 | 3 | 2 | 2 | 1 | 1 | 1 |

*Table 14 - Reasons for Leaving - ranked by organisation*

Whilst in percentage terms there is quite a lot of variation, mainly due to the different reason categories used by organisations, showing the reasons ranked shows clear similarities across the groups. Excluding "Unknown/other", most people leave to go and work for another organisation, followed by termination of employment and retirement.

The lack of detail in the reasons for leaving collected by Skills for Care and replicated in the survey means that the data overall lack the insight that the NHS data provide, with its greater variety of options to describe reasons for leaving. Although we know that most people in social care leave to work somewhere else, we don't know the drivers behind this in most cases, and in particular the role of pay/rewards and work/life balance decisions make in this.

We may surmise that social care reasons for leaving are similar to the NHS, with pay/reward as the most common reason for leaving.  Given the pay disparity

between for example Care Assistants in the NHS and Care Assistants in Social Care, we believe that this is a fairly safe assumption to make , but similarly to the NHS, external factors such as relocation, end of fixed term, retirement and dismissal (redundancy) are likely to be significant factors, alongside factors such as career development and training.

Some of this can be seen more clearly when the destinations of leavers are understood more, which is covered next.

## 7.3 Destination of leavers for all sectors

As with the reasons for leaving, data for NHS leavers has been grouped to match the social care data to allow for comparison of the workforce. The health and care sectors have been combined into a single health and care sector destination.

| | Health and Care | Different sector | Other / Not known |
|---|---|---|---|
| Bolton NHS Foundation Trust | 23% | 17% | 59% |
| Greater Manchester Mental Health NHS Foundation Trust | 40% | 24% | 37% |
| Manchester University NHS Foundation Trust | 32% | 9% | 60% |
| The Christie NHS Foundation Trust | 33% | 13% | 54% |
| Northern Care Alliance NHS Foundation Trust | 34% | 12% | 54% |
| Bolton Primary Care *small sample* | 60% | 40% | 0% |
| Manchester Primary Care | 53% | 33% | 14% |
| Bolton Social Care | 68% | 16% | 16% |
| **Averages** | **43%** | **20%** | **37%** |

*Table 15 - Leaver Destinations for all providers*

The table below show the same data ranked by destination. This shows that the top ranking destination in most cases is health and care, apart from unknown destinations.

| Destination Ranks | Health and care | Different sector | Other / Not known |
|---|---|---|---|
| Bolton NHS Foundation Trust | 2 | 3 | 1 |
| Greater Manchester Mental Health NHS Foundation Trust | 1 | 3 | 2 |
| Manchester University NHS Foundation Trust | 2 | 3 | 1 |
| The Christie NHS Foundation Trust | 2 | 3 | 1 |
| Northern Care Alliance NHS Foundation Trust | 2 | 3 | 1 |
| Bolton Primary Care *small sample* | 1 | 2 | 3 |
| Manchester Primary Care | 1 | 2 | 3 |
| Bolton Social Care | 1 | 2 | 2 |
| **Averages** | **1** | **3** | **2** |

# 8    Conclusions and Recommendations

The data available on the reasons that people leave jobs in health and care is fairly comprehensive, in terms of data from the NHS workforce. Data from social care, primary care and independent sector healthcare providers is more patchy, mainly because there is no one collection mechanism. Unlike the NHS, other providers are their own businesses and the only central collection mechanism for the workforce is Skills for Care's Adult Social Care Workforce Data Set. This provides a wide range of data on the social care workforce, where employers provided data under a voluntary scheme, but this only covers around 50% of the workforce nationally, and less in the Greater Manchester area. There is no equivalent data collection in primary care or independent healthcare providers.

The observations arising from the research therefore concentrate on data.

## 8.1    Data Recommendations

- NHS Electronic Staff Record (ESR) data is comprehensive, where collected. Data on the reasons for leaving is reliably collected both within Greater Manchester and nationally, providing a means of analysis. Data on the destination of leavers are not collected routinely, so such data that exist only applies to a small proportion of leavers, and a significant proportion of that data indicate that the destination is not known.

- For social care, Skills for Care does collect some data on leavers, but this combines reasons and destinations, making both comparison and the combining of data with health  difficult. Again, these data are only available for a small proportion of leavers, and where anything is recorded, this is often "unknown" because the leaver did not volunteer the information or was not asked.

- There is currently no mechanism for routinely collecting data from primary and independent healthcare providers. These generally have small workforces, so the lack of data might not be significant when looking at the health and care workforce as a whole, but it does make it very difficult to plan workforce development within primary care in particular.

A number of recommendations arise from this:

6.    Within the NHS, there should be a push to collect leaver destination data more reliably. Unless a significant proportion of leavers provide this data, it will be difficult to draw any firm conclusions from it.

7.    The Skills for Care data is the only national source of social care workforce data. It would improve the quality of the data if more social care providers completed this. In Stockport, for example, the local authority's home care contract includes a condition that providers register on the ASC-WDS and provide data at least annually. We think this is not an unreasonable request

to make of organisations taking funding from the state to deliver social care services and indeed has potential benefits for this sector overall.

8. The questions asked by Skills for Care when a worker is removed from an employer's records would benefit from being aligned more closely with the questions asked on the ESR, and separate questions about reasons for leaving and questions about destinations. This would lead to a much greater understanding of the health and care workforce.

9. Access to data from NHS and Skills for Care is not easy. Skills for Care data are partly proprietary and there are limits on how they can be used and who they can be shared with. An agreement with Skills for Care on how this data can be accessed and shared across Greater Manchester would make repeats of this research much easier. Similar issues affect access to ESR data and particularly VWIZ, and again, agreeing access arrangements for research would make a re-run of this exercise much quicker.

10. There are other options for collecting more reliable data on the destination of leavers that are not dependent on the leaver revealing it. One large social care provider analyses where reference requests come from as a way of determining the destination of leavers. This is not dependent on the worker, although there remain limitations.

## 8.2 Workforce Recommendations

There are several highlights from the data. One is that for those where a destination is recorded, around 27% of NHS staff remain in the NHS and around 30% of social care staff remain in the sector, suggesting a high level of churn. There is a flow of social care workers moving to work for NHS organisations (18%), but this flow is very much one-way, with just 4% of NHS workers moving to social care. There are organisational differences to these figures and the more detailed analysis will attempt to identify the reasons for this.

Whilst there are workers moving out of social care and out of health care, a significant proportion of them find other work in the health and care sector. The data suggest that overall, including unknown destinations, around 43% of leavers remain in health and care. If unknown destinations are excluded, this represents around 60% of leavers remaining in the health and care sector and 40% leaving to work in other sectors. This mirrors Skills for Care data for Greater Manchester, which suggests that 63% of recruitment is from within the social care sector.

### 8.2.1 Pay and Rewards

Although pay plays a role in retention, it is clear from the NHS leavers data that Pay/Reward is a less important factor over the last few years, in 4th place in 2021/22 data. This is consistent with recent research on NHS retention following

Covid published by the Institute for Policy and Research Study[3]. The end of fixed term contracts, relocation and retirement are the main reasons that people left their NHS jobs in 2021/22.

There is no data on the number of leavers from social care motivated by Pay/Reward, but anecdotal evidence from previous research into care worker retention in Wales by Cordis Bright suggests that workers in social care are not primarily motivated by pay, but that it becomes a significant factor in times of financial pressure (such as the current cost of living crisis) or if work satisfaction falls.

Skills for Care data suggests that average hourly pay (based on March 2022 data) in Greater Manchester is the same as Cheshire and Merseyside at £9.50, compared to £9.36 in Lancashire and South Cumbria.

There is limited scope for direct action within GM on salaries. Some social care contracts include a requirement to pay at the Real Living Wage, but this depends on the ability of the local authority to pay for this within tight social care budgets.

### 8.2.2    General Terms and Conditions

The Greater Manchester Good Employment Charter attempts to address some of the non-pay retention factors, including secure work, flexible work, pay, engagement and voice, recruitment, people management, health and wellbeing and resources for employers. Some of these elements are included as expectations in social care contracts by local authorities, with requirements for giving staff permanent contracts of at least 16 hours a week. Skills for Care data shows that 29% of front-line social care workers in GM have zero-hours contracts, compared to 24% in Cheshire and Merseyside.

NHS data suggests that the retention in Greater Manchester is similar to other large metropolitan areas. For social care, Skills for Care data suggests that 64% of the social care workforce is recruited from within social care, compared to 67% in Cheshire and Merseyside.

Recommendations:

- The Capacity Tracker (operated by NECS) has useful real-time data on the social care workforce, but it is difficult to access the data. It is recommended that ways to access the Capacity Tracker data be explored to provide up-to-date data on the social care workforce.

- Initiatives such as the Good Employment Charter should be pushed to social care employers.

### 8.2.3    Training and Development

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[3] Ibid

There is limited data available on training and development and the role that this plays in retention. Skills for Care data shows that 46% of front-line social care workers hold a relevant social care qualification in GM, compared to 43% in Cheshire and Merseyside.

A number of local authorities have explored ways of improving training within the social care workforce. Bolton has recently provided social care employers access to low cost e-learning, which provided the authority with data on training within individual providers and also ensures consistency across the workforce.

Recommendations

- Exploration of opportunities for a GM social care training initiative to provide the workforce and employers with access to high quality training to support relocation and workforce mobility.

## 8.2.4 Work/life balance

The social care data do not provide any information on the role of work/life balance as a retention factor. The NHS data do suggest that it plays an important role. The Institute for Policy and Research Study above says that from their own data, the most frequently reported reasons why staff leave NHS employment are "stress, shortage of staff/resources and pay". This report suggests that pay is of increasing importance, which is at odds with the ESR data for Manchester and Bolton.

The Institute for Policy and Research Study does not make any recommendations on addressing these factors and indeed they are complex issues for providers to address because they are all the result of under-resourcing in health and care. Wider benefits, such as those outlined in the Good Employment Charter may help to retain staff within the sector, even if they are not able to remain in their current role.

## 8.3 Overall Conclusions

Although this research project covers both health and care, it is clear that these are very different workforces, with different push and pull factors.

The factors that affect recruitment and retention for both workforces are similar and the data that are available suggest that pay is not the most significant factor, although it probably plays an important role in determining whether or not a health and care worker will stay in the sector if they decide to leave their job. Primary Care, made up of many small employers, probably has more in common with the social care workforce, and initiatives to improve retention in social care will probably improve retention in primary care, particular of administrative staff and managers.

It has proved challenging to access the data for this research, for a variety of reasons, as outlined above. It is also clear that by focusing just on ESR data from the NHS and Skills for Care data for the GM social care workforce, the costs of

re-running the research to track changes would be considerably less than the initial research. For this to be successful, however, an agreement with Skills for Care would be required for data access. As noted, the Capacity Tracker also holds a considerable amount of useful data for which an access arrangement would be required.

Finally, it is clear from the data that Greater Manchester is not an outlier in terms of recruitment and retention of the health and care workforce. The issues facing Greater Manchester are similar to those in other large metropolitan areas.

# 9      Appendix  - Data Collection

The project has focused on Bolton and Manchester localities for the data collection and analysis, although the findings will apply to Greater Manchester generally. Manchester and Bolton were chosen to provide a sample of the workforce for GM because a GM-wide survey would not have been feasible due to time and financial constraints. Data have been drawn from a number of sources:

- Data from the NHS Workforce, taken from the Electronic Staff Record for staff working in Acute and Mental Health Trusts in Manchester and Bolton

- A survey of providers of social care services, and primary healthcare providers

- High level data from Skills for Care

Overall, there is information from the ESR on just under 5,000 NHS leavers, 178 social care workers from the survey and a further 7,000 social care leavers from Skills for Care data.

The majority of the NHS staff leavers are from MFT, whilst the majority of the staff in the survey were from social care providers in Bolton, although the greatest **number** of responses were from GP practices in Manchester.

Skills for Care data covers around 50% of social care providers in England, but the publicly available data only covers the previous employment of social care workers and not reasons for leaving or destination. We subsequently received data from Skills for Care for Manchester and Bolton, which includes additional detail on reason for leaving and destination.

The challenges in accessing data on the social care workforce does highlight a wider issue relating to how such data are recorded and captured nationally for analysis. Overall, we would suggest that encouraging more social care employers to join the Adult Social Care Workforce Dataset would be the most effective approach. Stockport Council, for example, makes submitting workforce data to Skills for Care a contractual requirement on their Home Care contracts.

The other main data issue has been the inconsistent data collected on leavers. The ESR has the most comprehensive data on leavers in terms of reasons for leaving, but the data on the destination of leavers is only partial because this information is not always asked for of leavers and leavers may be unwilling to disclose the information, meaning that the data that is available only gives biased picture of the destination of leavers. ESR data for Bolton FT suggests that the reason for leaving is unknown for 29% of workers, compared to 4% for MFT. In terms of the destination of leavers, where data is not blank, around 30% was marked as not recorded or unknown.

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