

# FOUR-DAY WEEK IN THE NHS

TACKLING BURNOUT,  
OVERWORK AND POOR STAFF  
RETENTION RATES

BY NIC MURRAY  
MARCH 2023





Published March 2023

This report was published by the **4 Day Week Campaign** - the UK national campaign for a four-day, 32 hour working week with no loss of pay for workers.

It was written by Nic Murray.

This project has been supported by **Andrew Wainwright Reform Trust**



# EXECUTIVE SUMMARY

The NHS is at the heart of the UK economy, employing one in twenty of the workforce. This report highlights the need for the movement to reduce working time to include rather than go around our health service. Arguments for a shorter working week are even more emphatic when considering the NHS, its staff, and all patients across the UK.

## **Reducing stress, aiding recovery, and tackling systemic burnout**

- Thanks to increasing demand and time pressures on shift, feeling unwell due to work-related stress has become highly common in the NHS. 47% of staff surveyed in 2021 say they have experienced this, compared to 29% in 2010.
- NHS staff are exhausted coming off shifts and unable to rest and recuperate properly, as 31% feel they don't have enough energy for time with loved ones before returning to work.

## **Moving the dial on gender inequality within the NHS**

- Reduced working time can be a key tool in tackling gender inequalities in workplaces like the NHS where 77% of the workforce are women, yet a pay gap of 8.4% persists.
- 31% of NHS staff provide some form of unpaid care, double that of the UK workforce (14%), with only half (52%) satisfied with flexible working opportunities available to them to help manage caring responsibilities.

## **Reducing working-time to improve retention**

- The NHS is facing a workforce crisis. Vacancies stand at one in ten (10%) and overwork is a key reason for this. Since 2011/12, work-life balance has quadrupled as a reason cited for leaving the NHS and is now the second most common behind retirement.
- The Government's key target of 25,000 more nurses may be missed due to a failure to stem staff exits due to stress and workload. We estimate for every three nurses to be trained by March 2024, one experienced nurse will leave citing lack of work-life balance.

Given the nature of working patterns, reducing working time across the NHS will be more complex, but rather than seeing the system as a barrier, there are spaces that can work to foster moves to reduced working time, alongside strategic direction given by the Government.



# EXECUTIVE SUMMARY

## **Building on existing foundations and leveraging potential**

- Since 2021, requests for flexible working have been a day one right for NHS staff. Going further and building flexibility into rotas and ways of working can complement efforts to reduce working time and improve working practices for all.
- Reducing working time is most successful when unions and their members can act as problem-solvers and innovators. The high union density (39.2%) in the NHS can play a key role in overseeing these efforts and feeding in staff insights.
- Investment in automation and new technologies could save up to £12.5 billion, helping improve efficiency and freeing up work time across the NHS.

## **Government setting out a comprehensive roadmap to reduce working time by the centenary of the NHS**

- Delivering a workforce strategy with reduced working time at its core - taking into account key targets to meet for staffing numbers.
- Establishing a Working Time Commission to hold the government to account and steer direction towards reducing working time in the NHS.
- Launching a year-long four-day working week pilot within the NHS.

# 1. INTRODUCTION

There has been a groundswell of support for reducing working time in recent years, as substantial momentum has gathered behind the idea of a four-day week. It is not only seen as desirable but imminently achievable. At least 64% of Britons support the idea of a four-day week with no reduction in pay and international piloting of work-time reduction has taken place from Spain to New Zealand, with Governments like those in Iceland and Scotland committing funding for and ushering in new trials. (1) Across the UK as a whole there are now over 120 four-day week accredited employers and the results of the world's largest trial involving 61 employers and a total of nearly 3,000 employees have been reported as overwhelmingly positive. (2)

This growing movement, however, has taken place around rather than within the UK's largest employer. The NHS employs 1.4 million people, meaning that one in 20 working people in the UK works in the NHS. Its importance in the country's labour market is only likely to grow in the future given the country's ageing population and the pressing need to deliver low-carbon jobs in increasing numbers. In regions across the UK, the NHS is a significant provider of decent quality employment and can operate as an 'anchor institution' helping to fuel community wealth building and spreading sustainable practices through its procurement and spending power. (3) Yet its role in the move to a shorter working week has largely been ignored.

In 2023 the NHS will be 75 years old. Having survived the peak of the pandemic, what now threatens its long-term stability is the increasing overwork and stress being faced by its workers - leaving many to leave to pursue greater work-life balance in record numbers. Meanwhile, satisfaction with the NHS is at a 25-year low, with only a third (36%) of the public reporting that they are satisfied with the way it is run nowadays. (4) Since the pandemic, unlike all other major countries, the UK's employment rate has yet to recover as economic inactivity has hit a seven-year high. (5) The NHS is vital in delivering benefits to the country as a whole, through the care it provides to its millions of patients and the support this offers to the Government in pursuing its economic policy based on a strong labour market. Central to this is a workforce who are not having to deal with emotional exhaustion and burnout.

Just as it has across a range of sectors already, a shorter working week can serve as a key tool to address the growing workforce crisis and long-term, deliver sustainability to the future of our health system while making progress towards a greener, more equal economy. Such a journey will require many more steps than those taken by many of the employers already reducing staff working time, but the first of those will be diagnosing the nature of the problems facing the NHS and its workforce, and assessing the role that a shorter working week can play in addressing them.

(1) Survation (2021). Four day week: final tables; Available at: [https://www.survation.com/s-21-000470finaltables\\_4dayweek-1/](https://www.survation.com/s-21-000470finaltables_4dayweek-1/)

(2) Four Day Week Campaign (2023). Accredited 4 Day Week Employers. Available at: <https://www.4dayweek.co.uk/employers>

(3) Reed S., et al. (2019). Building Healthier Communities: The Role of the NHS as an Anchor Institution. Health Foundation

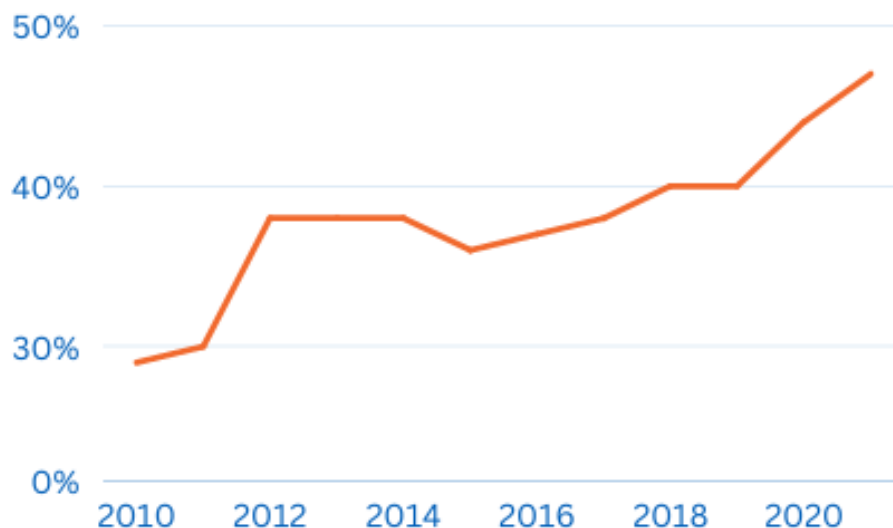
(4) The King's Fund (2022). Public satisfaction with the NHS and social care in 2021: Results from the British Social Attitudes survey

(5) Office for National Statistics. (2022) 'Economic inactivity by reason (seasonally adjusted)' [data]. <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/economicinactivity/datasets/economicinactivitybyreasonseasonallyadjustedinac01sa>

## 2. MENTAL HEALTH AND WELLBEING

For the British workforce, the last decade has been typified by an intensification of work, increasing precarity, and reduced autonomy and control in the workplace. (6) This overwork has a mental cost for workers that has been borne out in the consistent rise in rates of anxiety and depression over the same time period. Of the 1.8 million workers who suffered from work-related ill health (where a health condition is caused or made worse by a worker's job) in 2021/22, 51% dealt with work-related depression, stress, or anxiety, amounting to a total of 17 million working days lost due to work-related mental ill health. (7) Unfortunately, when many of these workers seek help and support with their mental health they are likely to encounter NHS staff in an equally troubling situation.

**Figure 1. National average of NHS staff who felt unwell as a result of work-related stress**



**Source: 4 Day Week Campaign analysis of NHS Staff Survey 2010-2021 (8)**

Annual NHS Staff Surveys show that since 2016 the percentage of NHS staff feeling unwell at some point over the last 12 months due to work-related stress has increased year on year (Figure 1.) rising from 29% in 2010 to 47% in 2021. (9) Feeling unwell due to work-related stress is now a common experience among almost half of NHS staff, which represents a substantial rise over the last decade. The effects of the pandemic have undoubtedly exacerbated these recent figures, but by 2019 research already indicated that 50% more NHS staff were reporting debilitating levels of work stress compared to the general working population. (10)

(6) Murray (2020). Burnout Britain: Overwork in an Age of Unemployment. Autonomy, Compass, and the 4 Day Week Campaign

(7) HSE (2022). Health and safety at work. Summary statistics for Great Britain 2022

(8) NHS Staff Survey (2022). <https://www.nhsstaffsurveys.com/results/>

(9) ibid

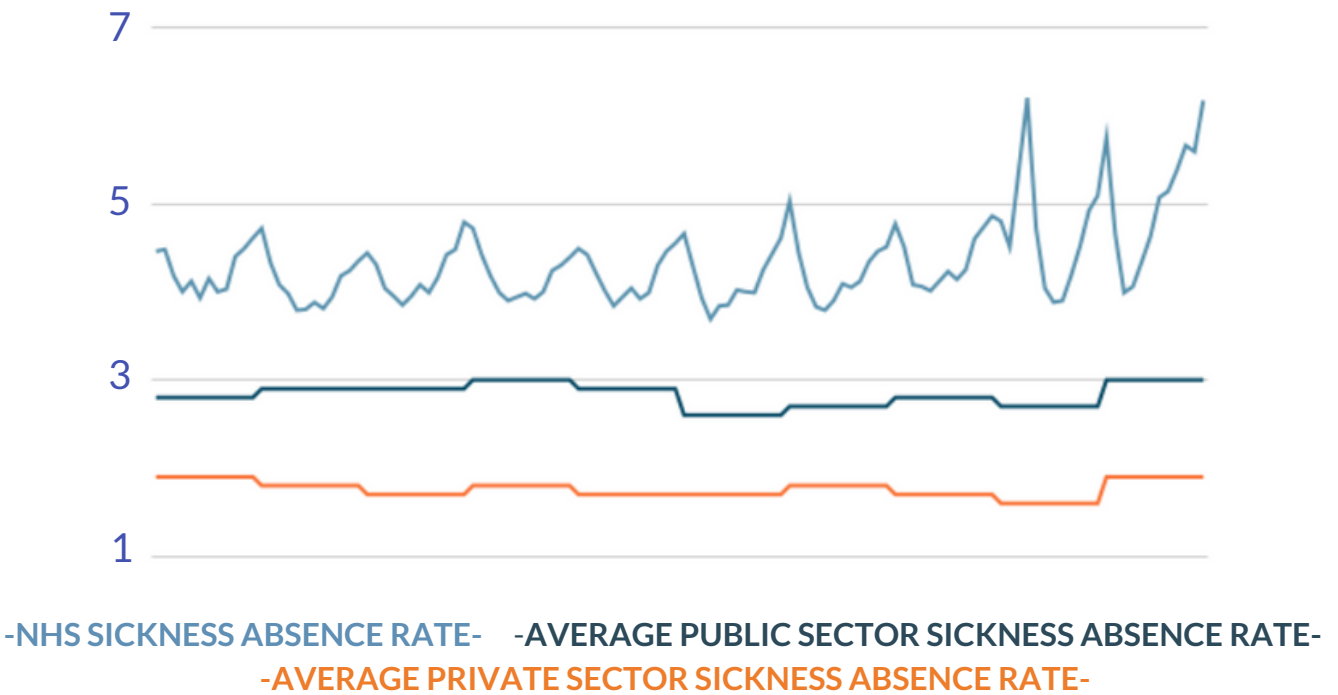
(10) King's Fund (2019). The NHS crisis of caring for staff: what do we need to do?



Chronic excessive workload is one of the most significant causes of work-related stress, yet it is becoming increasingly normalised for NHS workers to face a wide range of competing demands, often necessitating urgent action, with minimal breaks to recover and requiring additional overtime during a single shift. This work-related stress can snowball in its effects, damaging health, affecting care quality, and impacting overall organisational performance. The burden of overtime may also fall more heavily on some staff: *“there is a culture and pressure to work extra shifts but I think as a more established nurse you can override that by saying no,”* one paediatric nurse interviewed for this report told us.

Much of the focus on NHS staffing shortages has centred on rates of vacancies in key professions such as nursing, and as vital as this issue is, equally important is the impact the poor health of workers and sickness absences can have on shift rotas. The NHS has consistently had a rate of sickness absence above both the wider public sector and the private sector. In recent years, however, this rate has begun to peak at higher levels annually, reaching 6.7% in January 2022 - the largest sickness absence rate since records began (Figure 2.). When published in 2019 the NHS Long Term Plan contained a promise that *“our new Chief People Officer will lead work to improve our staff health and wellbeing, and help close this gap to the public sector average,”* however, no date was specified for achieving that target and, with the gap only widening since then, it’s clear that a renewed focus and more concerted effort is needed.

**Figure 2. Sickness absence rates across the NHS, public and private sector 2011-2021**



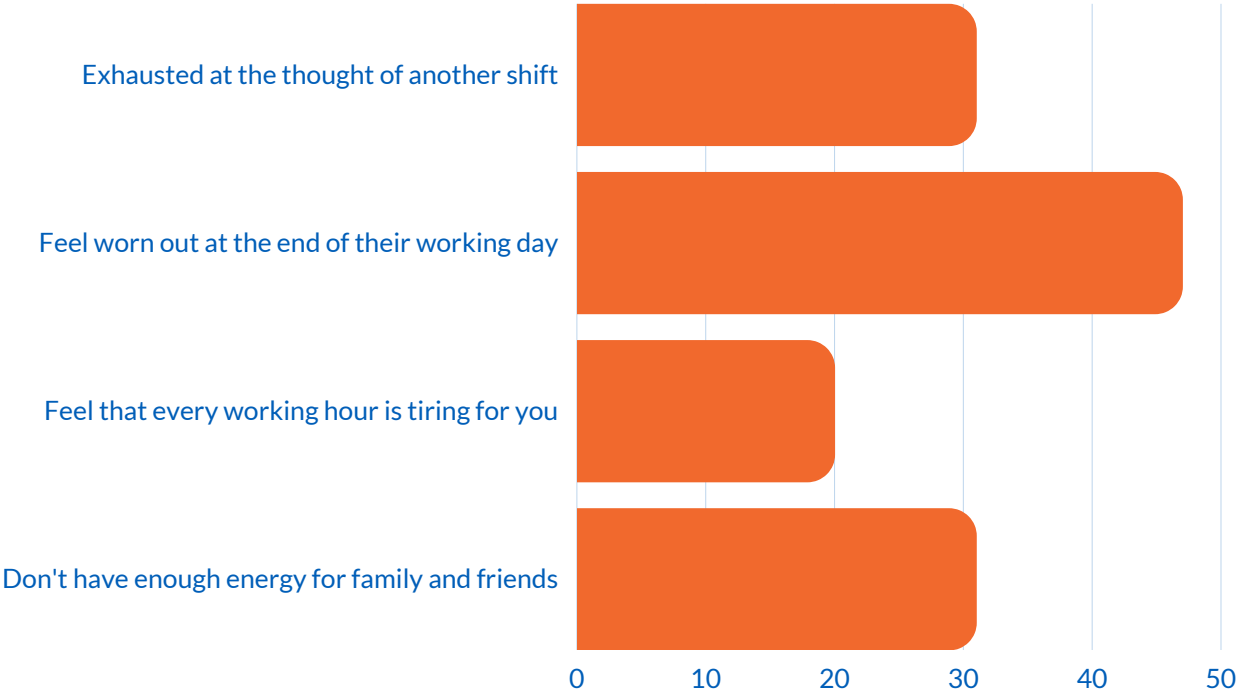
**Source: 4 Day Week Campaign analysis of NHS Digital (11) and ONS (12)**

Rather than taking sick leave while unwell, many NHS staff feel they have no choice but to show up for their shift. 55% of respondents to the NHS Staff Survey stated that over the previous three months, they had come to work despite not feeling well enough to perform their duties. (13)

(11) NHS Digital (2022). NHS Sickness Absence Rates. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates>  
(12) ONS (2021). Sickness absence in the UK labour market: 2020. Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/2020>  
(13) NHS Staff Survey (2022). <https://www.nhsstaffsurveys.com/results/>

This is worrying in itself, but if even a semi-regular occurrence, it can give rise to burnout, whereby workers experience a sense of emotional exhaustion, depersonalisation, or detachment from their role, and can be left feeling concerned at the quality of care they are able to provide. The most recent Staff Survey was the first to include seven questions drawn from a subscale used to capture the extent of burnout among healthcare workers, and an analysis of the responses (Figure 3.) lays bare the clear need for the provision of greater rest and recovery within the NHS. Almost half of NHS staff report being often or always worn out at the end of the day (47%) while one in three feels exhausted at the thought of another shift (31%) and believes they don't have enough energy for time with loved ones (31%) before returning to work again. The latter is particularly worrying, given that when polled about how they would use an additional day off, the British public consistently chooses to spend more time with family (53%) or friends (38%). (14)

**Figure 3. Percentage of NHS staff who often or always experience key factors associated with burnout**



**Source: 4 Day Week Campaign analysis of NHS Staff Survey (15)**

Research into a range of occupations, including paramedics, to capture the benefits of non-work time crucial to employee recovery has emphasised four key areas: relaxation, mastery, control, and psychological detachment. (16) Continually leaving work exhausted, and without enough energy to be present among loved ones, clearly does not allow for many of the benefits of non-work time to be realised.

In terms of recovery, a shorter working week provides benefits above those of occasional holidays throughout the year. Healthy detachment requires regular time away from work within a wider culture that allows for 'switching off' from work mentally. Importantly, research suggests that in order to facilitate effective, active rest-time, regular holidays are necessary. A study of

(14) <https://www.mirror.co.uk/news/politics/four-day-working-week-could-22492378>

(15) NHS Staff Survey (2022). <https://www.nhsstaffsurveys.com/results/>

(16) Sonnentag, S., et al. (2014), 'Making Flow Happen: The Effects of Being Recovered on Work-related Flow Between and Within Days', *Journal of Applied Psychology*, 99: 4.



eighty workers primarily drawn from the healthcare sector found although short holidays have a positive effect on wellbeing, this effect fades out three days after returning home and going back to work. (17)

Emotional exhaustion and burnout have consistently been found to be predictors of both intentions to leave and turnover among healthcare workers. (18) Yet many workers' personal breaking points can come well before the level of burnout is reached if the role is negatively impacting their wellbeing. Sickness absence due to mental health is also a significant predictor of future leaving rates among nurses and midwives. Analysis by the IFS of NHS staffing records found that a nurse or midwife who missed three days of work due to poor mental health was 27% more likely to leave three months later than a colleague with no such absences. (19) Some of this group may have left the NHS for other roles, while some may have exited the labour market due to the impact that this work had on their mental health.

ONS figures on the previous industry of those currently economically inactive show that human health and social work (a broader category than just the NHS) was the fourth highest industry group, and 66% higher than education, a gap that if closed IPPR has calculated would amount to an additional 15,000 workers in health and care settings. (20) There are situations when, regardless of the work environment, individuals will step away from the labour market due to poor health, but it seems that exhaustion, overwork, and burnout are likely to be contributing factors in forcing thousands more talented people out of the NHS.

(17) De Bloom, J., et al., (2012) 'Effects of Short Vacations, Vacation Activities and Experiences on Employee Health and Well-Being', *Stress and Health*, Volume 28, Issue 4, pp. 305 - 318.

(18) Yanchus, N. J., Periard, D., & Osatuke, K. (2017). Further examination of predictors of turnover intention among mental health professionals. *Journal of Psychiatric and Mental Health Nursing*, 24(1), 41-56.

(19) IFS (2022). Factors associated with staff retention in the NHS acute sector

(20) IPPR (2022). Getting Better. Health and the labour market

# 3. NHS, WORKING TIME AND GENDER EQUALITY

A shorter working week has the potential to serve as a powerful tool in rebalancing the economy towards gender-equal distributions in paid work, unpaid work, and income. (21) International evidence suggests that countries with shorter average hours of work are associated with both smaller gender pay gaps and men carrying out a greater amount of unpaid care. (22) In moving to a more gender-equal economy that seeks to better share out both paid and unpaid work, it is clear that the role of the NHS will be key. At present, however, the picture when it comes to gender equality and working time for NHS staff is still far from this ideal.

Women make up 77% of the NHS's 1.4 million strong workforce, but face a median gender pay gap of 8.6% in favour of men, which amounts to an average income discrepancy of £207 a month less. (23) While the independent review into gender pay gaps in medicine commissioned by then Health Secretary Jeremy Hunt found one of 24.4% among Hospital and Community Health Service doctors. (24) Despite initiatives like Agenda for Change, introduced in 2004 and bringing in rigorous pay scales and career pathways for 1.1 million NHS employees, and establishing the target of equal gender representation in leadership roles by 2020, there are still entrenched inequalities when it comes to pay and progression.

These inequalities lead to a system where women are on the frontline delivering care as 89% of nurses and health visitors are women, while senior leadership roles and decision-making powers are held more commonly by men, creating what has been called a 'feminised burden of care' that was exacerbated during the early stages of the pandemic. (25) Research into the experiences of health and care workers during Spring 2020 found that these gendered organisational structures and norms placed excessive burdens on female workers who were often redeployed, required to extend the hours and nature of care they provided, with minimal consultation or consideration to their own circumstances outside of the workplace.

This is all the more significant given that employees in the NHS hold caring responsibilities at double the rate of the rest of the UK workforce. One in three NHS staff (31%) provide some form of unpaid care to a friend or family member because of a disability or health condition, or problems related to older age. (26) Across the UK workforce as a whole this figure is a much lower one in seven (14%), and though the rate is higher for the public sector (19%), the NHS stands far above when it comes to the unpaid care carried out by its staff once they finish their shifts. (27)

(21) Onaran, Ö., & Calvert Jump, R. (2022). A shorter working week as part of a green caring economy: feminist green new deal policy paper.

(22) *ibid*

(23) Nuffield Trust (2018). The gender pay gap in the English NHS

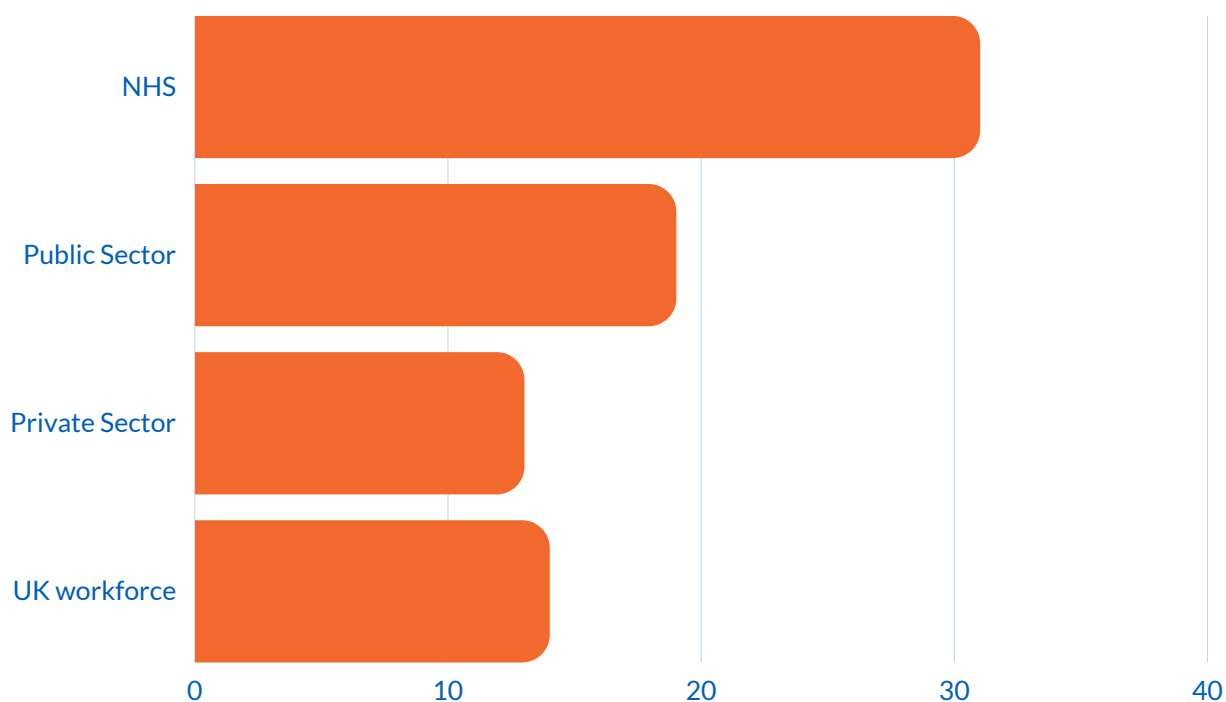
(24) Dacre, J., Woodhams, C., & Atkinson, C. Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England. UK Department of Health & Social Care 2020.

(25) Regenold, N., & Vindrola-Padros, C. (2021). Gender matters: A gender analysis of healthcare workers' experiences during the first COVID-19 pandemic peak in England. *Social Sciences*, 10(2), 43

(26) NHS Staff Survey (2022). Available at <https://www.nhsstaffsurveys.com/results/>

(27) Carers UK (2019). Juggling work and unpaid care

**Figure 4. Percentage of the workforce that provide some form of unpaid care**



**Source: 4 Day Week Campaign analysis of NHS Staff Survey (28) and Carers UK (29)**

Unpaid carers may be drawn to roles in the NHS based on their existing experiences, or when a family member or friend requires support it may be a current NHS employee who is best placed and capable among these social groups to provide this unpaid care. Regardless of how this work is combined, it does not make this group any more immune to the impact of the double shift, which when involving high amounts of unpaid care can be associated with increased stress, reduced wellbeing, and worse physical health. (30)(31)

Unpaid caregivers in the NHS whose roles often require the use of similar skills may experience a blurring in the divide between work, exacerbating exhaustion. Research has found that double-duty caregivers, suffer more from poorer health, and feelings of emotional exhaustion, and need a greater amount of time to recover after a day's work than colleagues without any caregiving responsibilities. (32) While this does not appear to affect their motivation in carrying out their roles, over time this may create an untenable situation for those employees with additional caring responsibilities.

*"I can't leave the patient if they are unsafe, but then I have two children to get home to as my partner is a nurse as well and often we are on opposite shifts. The chances are that I finish at 7.30 and I live 45 minutes away from work so I have to immediately go back to relieve my parents or partner for their shift. You feel stuck between a rock and a hard place."*

**Nurse in South Wales**

(28) NHS Staff Survey (2022). Available at <https://www.nhsstaffsurveys.com/results/>

(29) Carers UK (2019). Juggling work and unpaid care

(30) Future Care Capital (2019). A Forgotten Army: Coping as a Carer

(31) Carers UK (2021). State of Caring 2021

(32) Boumans, N. P., & Dorant, E. (2014). Double-duty caregivers: healthcare professionals juggling employment and informal caregiving. A survey on personal health and work experiences. *Journal of advanced nursing*, 70(7), 1604-1615.

NHS staff with caregiving responsibilities are slightly more likely to feel often or always worn out at the end of a shift (49% vs 45%) exhausted at the thought of another one (33% vs 30%) and burnt out as a result of their work (36% vs 33%) compared to the rest of their colleagues. (33) In general, half (52%) are satisfied with the opportunities for flexible working patterns as part of their role, although it varies considerably across trust types and appears not to be sufficiently helping to tackle the levels of exhaustion many of these workers regularly feel.

Every day 600 people across the UK economy leave work due to the demands of caring and the pressure of keeping this up alongside employment, with women four times more likely to make this choice. (34)(35) A third (34%) of NHS staff with caring responsibilities are reported as often or always thinking about quitting their jobs, with one in five (20%) of that group wanting to leave the healthcare profession entirely, or else take a career break or retire.

In recognition of the high rates of unpaid care being carried out by its staff and the pressure this represents, the most recent People Plan encouraged all NHS employers to adopt working carer passports. Based on the finding that only 20% of carers in the NHS shared this fact with their manager, the passport serves as a tool to capture any caring responsibilities staff might have, acting as a springboard for conversations on flexible working and log adjustments that may be needed over time.

Enabling line managers to identify employees that may benefit from more flexible working arrangements is certainly a positive step. This by itself will not, however, lessen the strain felt by many carers in the NHS, nor will it move the dial significantly on gender equality. Rather than a piecemeal approach to addressing caring responsibilities, what is needed is to build an NHS that recognises and values the high number of employees carrying out unpaid care and embraces a future where an increasing amount will care for someone at some point, giving them the time and capacity to do so without hindering their day-to-day work or career progression.

(33) NHS (2022). NHS Staff Survey 2021

(34) Carers UK (2022). Facts and figures: <https://www.carersuk.org/news-and-campaigns/press-releases/facts-and-figures>

(35) Carers UK (2017). State of Caring 2017

## 4. OVERWORK AND PATIENT CARE AND SAFETY

As well as being detrimental to staff themselves, long working hours have the potential to worsen the health outcomes, satisfaction, and safety of patients when being cared for by workers that are overworked or burnt out. This is a concern in any context where patient treatment and care could be sub-par but is most acute in clinical settings such as hospitals, where there is the potential for mistakes and poor care to have a greater impact, and also having regard to the nature of working practices in these settings.

In contrast to most standard workplaces, providing 24-hour care to patients necessitates these workers to carry out their roles in shift patterns. Historically this took the form of three 8-hour shifts per day, but NHS hospitals increasingly use 12-hour shifts, due to the belief that it is more cost-effective and allows for greater continuity of staffing, with 41% of hospital nurses reporting that they regularly work shifts of this length. (36)

Despite their prevalence within the NHS, there has been a range of research questioning whether there are any negative outcomes that may come alongside reduced costs and handover times. A study of 31,627 nurses across acute medical and surgical wards at 487 hospitals in Europe found that nurses working 12 hours or longer were more likely to report poor quality care, more care left undone, and an adverse effect on patient safety. (37) A US study found similar results, with patients also reporting lower satisfaction with their care in hospitals with staff working longer shifts. (38) Though not directly studied, the main way in which longer shift patterns are thought to lead to adverse patient outcomes is through increased mental and emotional fatigue.

When surveyed about their own experiences of these shifts, nurses are no more or less satisfied with their working hours than those working shorter shifts. (39) Similarly, interviews with healthcare assistants in settings and regions across the UK emphasised both the positive and negative aspects of these long shifts. A key benefit identified was the work-life balance these shifts provide, but attention was drawn to the potential for adverse situations arising if they are undertaken with insufficient staffing levels, high demand, or without providing adequate breaks.

At present many of the risk factors outlined above have become the norm throughout shifts. The most recent RCN member survey asked over 20,000 nurses about their most recent shift. Only a quarter of all shifts (25%) had the required, planned number of nurses on shift, leaving 61% of respondents to state that they were unable to take the breaks they were supposed to and 62% to

(36) Ball, J., Maben, J. E., Murrells, T. J., Day, T. L., & Griffiths, P. (2015). 12-hour shifts: prevalence, views and impact.

(37) Griffiths P., Dall'Ora C., Simon M., Ball J., Lindqvist R., Rafferty AM., Schoonhoven L., Tishelman C. & Aiken L. (2014) Nurses' shift length and overtime working in 12 European countries: the association with perceived quality of care and patient safety. Medical Care. In Press.

(38) Stimpfel AW & Aiken LH. (2013). Hospital Staff Nurses' Shift Length Associated With Safety and Quality of Care. J Nurs Care Qual. 28:122-129

(39) Ball, J., Maben, J. E., Murrells, T. J., Day, T. L., & Griffiths, P. (2015). 12-hour shifts: prevalence, views and impact.

feel that patient care was compromised in some way. (40) These pressures create stress and exhaustion, but also lead to an extension of shifts in order to provide necessary levels of care. For six in ten (60%) nurses in hospital settings, their last shift involved working additional time, which for a quarter of this group amounted to at least an hour. This is an unsustainable situation, given that systematic reviews have emphasised associations between staff burnout and reduced patient safety due to increased medical errors. (41)

Long shifts of up to twelve hours are the prevailing working pattern in British hospitals, but across Europe, they are far from the norm. Figures indicate that only 14% of nurses regularly work 12-hour shifts, most of whom are employed in three countries; Ireland, Poland, and the UK. (42) These shifts are now becoming longer and longer, with less time for breaks in between, a scenario that can create a toxic recipe for worker stress, burnout and in turn risks poorer outcomes for patients. As these shifts are increasingly ending in exhaustion and concerns about the quality of patient care, it's clear there is a need to consider how existing working patterns could be adapted to better serve worker well-being and patient safety.

One outcome of a six-hour working day trial that took place in two care homes in Gothenburg over 18 months, was that after 6 months the assistant nurses reported organising 60% more activities for the residents, and by the trial's conclusion were organising 80% more activities. (43) Though not directly translatable to improved patient outcomes in a clinical health setting, it serves as an example of how through reduced working time initiatives, care providers can be empowered to improve the services they deliver.

(40) RCN (2022). Nursing under sustainable pressures: Staffing for safe and effective care in the UK

(41) Hall, L. H., Johnson, J., Watt, I., Tsipa, A., & O'Connor, D. B. (2016). Healthcare staff wellbeing, burnout, and patient safety: a systematic review. *PloS one*, 11(7), e0159015.

(42) Griffiths P., Dall'Ora C., Simon M., Ball J., Lindqvist R., Rafferty AM., Schoonhoven L., Tishelman C. & Aiken L. (2014) Nurses' shift length and overtime working in 12 European countries: the association with perceived quality of care and patient safety. *Medical Care*. In Press.

(43) <https://www.kommunalpolitik-berlin.de/wp-content/uploads/2019/02/Useful-facts-about-6-hour-working-day-trial.pdf>



# 5. NHS WORKFORCE AND RETENTION

The NHS employs 1.4 million workers spread across the UK, in acute and community settings and all in-between. This means that if stress, exhaustion, and burnout are increasing sickness absence rates and decisions to leave then this is a problem not just for the immediate care patients receive, but for the resilience and sustainability of the NHS as a whole. Above all else, retention and recruitment are the key issues to be addressed within the system, as three leading healthcare think tanks concurred in 2019, concluding that *'The workforce challenges in the NHS in England now present a greater threat to health services than the funding challenges.'* (44)

What that threat looks like in practice is stark. In March 2010, one in 25 jobs (4%) across NHS medical and dental staff were vacant. (45) As of September 2022, the vacancy rate across the same staff stands at one in ten (10%), amounting to a total of 133,000 posts needing to be filled. (46) For nursing staff there are currently as many as one in eight (12%) roles left vacant. As a result, the NHS is performing historically poorly on a range of key waiting time measures, such as the 18-week treatment target which hasn't been met since 2016 as waiting lists for hospital treatment hit a record of over 7 million by September 2022. (47)

These shortfalls are either met on a day-to-day basis by stretching existing staff thinner across services and relying on many to undertake additional hours, or by relying on temporary staff. Estimates from the Nuffield Trust suggest that four in five registered nurse vacancies are being filled by temporary staff, an unsustainable situation due to the disruption it causes to continuity of care and the considerable financial cost attached. During 2020/21 English NHS trusts spent a total of £7.1 billion on temporary staff, made up of £2.4bn to private companies providing agency staff and £4.6bn on staff from the NHS' own 'bank' amounting to 11% of the total NHS England spend on staff. (48)

*"A common trend where I am at the moment is that people leave jobs and move into agency work. It's not contracted hours in an agency and you get better pay so staff are going to agency work to get more flexible working. It's less pressure."*

**Nurse in South Wales**

Agency staff cost on average 20% more than those from the NHS bank, meaning an increasing premium is being paid to fill vacancies with highly experienced and qualified staff who instead, could have been better encouraged and supported to remain within the NHS. Government-commissioned research has found that nursing agency workers, more commonly feel that they have been pushed out of the NHS rather than drawn into agency work due to higher hourly rates of pay. (49) This was due to a range of factors such as increased bureaucracy, unmanageable

(44) Health Foundation, King's Fund & Nuffield Trust (2018). *The health care workforce in England*

(45) NHS Digital (2010). *NHS Vacancies Survey - England, 31 March 2010*

(46) NHS Digital (2022). *NHS Vacancy Statistics England April 2015 – September 2022*

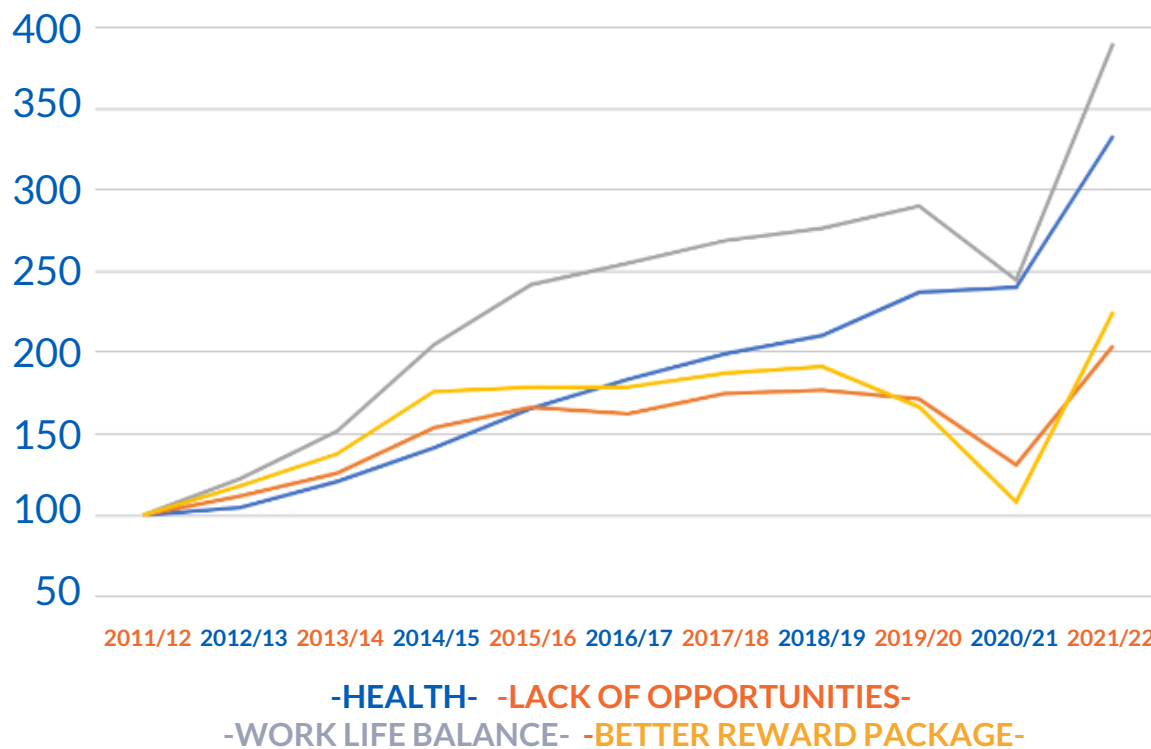
(47) House of Commons Library (2022). *NHS Key Statistics: England, November 2022*

(48) <https://questions-statements.parliament.uk/written-questions/detail/2022-07-20/40978>

(49) Runge, J., Hudson-Sharp, N., & Rolfe, H. (2017). *Use of agency workers in the public sector*. London: National Institute of Economic and Social Research.

workloads, and a lack of work-life balance, with the lack of opportunities for flexible working being cited as a key reason. 80% of agency nurses surveyed in another study stated that more control over shifts was the primary reason they had chosen that way of working. (50) Several of the nurses interviewed by the 4 Day Week Campaign for this report mentioned the prevalence of decisions like these being made by colleagues across their wards. They also emphasised that even with shorter working weeks or shifts, some would still take on bank work, but would create the freedom for staff to choose to do so, rather than feeling they had to.

**Figure 5. Change in primary reason for leaving given by all NHS staff, for voluntary resignations (Base 2011/12 = 100)**



**Source: 4 Day Week Campaign analysis of NHS Digital (51)**

For the last decade, the number of hospital and community health staff in the NHS who leave active service each year has remained reasonably stable at around 11%, which for 2021/22 amounted to 140,000 staff. Such turnover is to be expected in an organisation the size of the NHS and given those figures also include staff on maternity leave or a career break. Some factors, however, are contributing to that total in increasing numbers. Among all voluntary redundancies in the NHS, citing work-life balance as the primary reason for leaving has almost quadrupled since 2011/12 (Figure 5.). The overall figure for staff leaving, whose decision was influenced by a lack of work-life balance, is likely to be even higher. For example, staff whose reason for leaving the NHS is recorded as 'end of fixed term contract' may have chosen not to seek out other opportunities due to the perceived high levels of overwork and stress they might still find in another role, but will not be recorded as such. The scale at which work-life balance is affecting retention among nurses is even more pronounced. The year to June 2022 saw a record number of nurses join the NHS (44,500) and leave it (40,365) over a twelve-month period. (52) As nurses are

(50) Timewise (2018). Flexible working in the NHS: The case for action

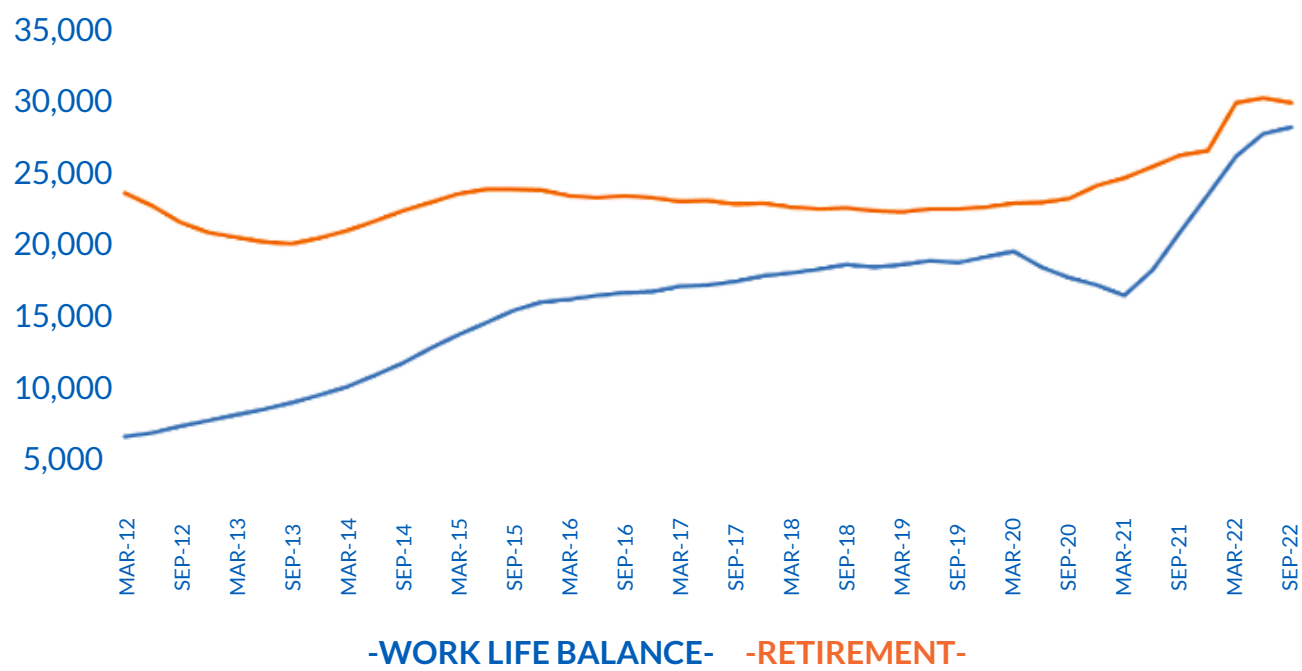
(51) NHS Digital (2022). Reasons for leaving and staff movements by staff group. Available at: <https://digital.nhs.uk/supplementary-information/2022/reasons-for-leaving-and-staff-movements-by-staff-group>

(52) Nuffield Trust (2022). Peak leaving? A spotlight on nurse leaver rates in the UK

arriving to plug the gaps in the system, others are departing in similar numbers, leaving the scale of the vacancies challenge untouched, and a substantial driver among those leavers is work-life balance. In June 2011/12 voluntary resignations due to work-life balance made up just 5% of total leavers, for June 2021/22 the figure was 16%, behind only retirement and relocation (both 17%) as the reasons behind those 40,365 leaving the NHS.

A key promise to tackle nursing vacancies in the Government’s 2019 manifesto was to deliver 50,000 more nurses for the NHS by March 2024. This is to be achieved by focusing on a mix of recruitment, training, and retention, that contribute to a figure above that 50,000 given an estimated 92,000 will also leave during the same time period. The most significant increase will come from training an additional 72,000 nurses, while the extra 7,000 in retention stems from encouraging nurses who otherwise would have quit to remain in the profession. (53) With just over a year until the Government’s deadline, internal NHS England modelling suggests that target is likely to be missed, in one scenario by 11,862 full-time nurses, and another by 5,715. (54) By the time this modelling was released, over 17,000 nurses had already voluntarily resigned since September 2019 citing a lack of work-life balance as their primary reason, and if continuing at this rate will reach 25,000 by the Government’s deadline. Meaning that for every three nurses the Government plans to train over this period, one experienced nurse will leave due to a lack of work-life balance.

**Figure 6. Reasons for hospital and community staff leaving their role (three month rolling average)**



**Source: 4 Day Week Campaign analysis of NHS Digital (55)**

(53)DHSC (2022). 50,000 Nurses Programme: delivery update: <https://www.gov.uk/government/publications/50000-nurses-programme-delivery-update/50000-nurses-programme-delivery-update>  
(54) Independent (2022). NHS will miss target for 50,000 more nurses by 2024, leaked data shows  
(55) NHS Digital (2022). Reasons for leaving and staff movements by staff group

The Department for Health and Social Care's delivery update on the 50,000 Nurses Programme emphasised that *"Retention... is the area of greatest complexity, with a multitude of contributory factors. Some of these, such as working conditions, are within the control of the NHS. Others... are not."* (56) Among the top three reasons nurses are leaving the profession at present, it's clear that intervening to reduce those retiring or relocating is neither feasible nor desirable. Thus work-life balance among nurses may be seen as the key lever needed to improve retention.

Turning the tide on overwork and exhaustion will not happen overnight, but the current figures make clear, it is unlikely that this Government will meet its current or any future target on nursing numbers. Rather than tinkering around the edges, there is a need to make work-life balance the core of future workforce strategies as part of a concerted effort to drive down overwork, renewing and reinvigorating existing staff and buttressing all recruitment efforts.

*"The NHS needs to recognize that this is a trend that is underway and commit themselves to working through the implications of that and how they might be able to put in place more flexible options over the next five to 10 years."*

**Professor John Ashton, former president of the UK Faculty of Public Health**

Many experts are clear that the future of work in the NHS needs to have increased flexibility and reduced working time at its core. The UK Faculty of Public Health's former president, John Ashton, with decades of experience in the NHS, is adamant that a shorter working week could *"reduce sickness absence and improve morale which would improve the quality of what people are doing when they are working."* (57) Many others agree, with the Royal College of Physicians telling the House of Commons Health and Social Care Committee that access to less-than-full-time working is *"essential for recruitment and retention"*, and allowing for the NHS as a workplace to *"become more attractive and accessible"* while also improving *"equality, diversity and inclusion of the workforce."* (58) The Royal College of Paediatrics and Child Health estimates that by 2040, 60% of paediatric trainees will be working less than full-time. What is needed is a concerted effort to make these moves to shorter working time a reality for all across the health service.

(56) DHSC (2022). 50,000 Nurses Programme: delivery update: <https://www.gov.uk/government/publications/50000-nurses-programme-delivery-update/50000-nurses-programme-delivery-update>

(57) <https://www.bigissue.com/news/employment/nhs-four-day-week-says-top-doctor-amid-staffing-crisis/>

(58) House of Commons Health and Social Care Committee (2022). Workforce: recruitment, training and retention in health and social care

## 6. FEASIBILITY: STRONG FOUNDATIONS AND GREEN SHOOTS OF OPTIMISM

Reducing working time is a well-evidenced intervention to improve worker wellbeing, retention, and productivity across a range of different industries. (59) There is nothing to suggest that the same could not be the case for the NHS. Rather than being imposed nationally in a top-down fashion, instead, there is ample opportunity for shorter working weeks to be phased in across teams, settings, and regions allowing knowledge and best practice to spread and create a domino effect.

Compared to the private sector where many of the four-day week trials have taken place, there are already strong foundations to build on that can be conducive to a move towards shorter working weeks. Complementing goals and initiatives exist that can buttress reduced working time and institutions. There are also long-standing partnerships that can be harnessed as spaces to pursue the long-term goal of increasing work-life balance and reducing workload and stress for all NHS workers.

### Designing for flexibility

After languishing behind much of the wider UK economy, the NHS has taken considerable steps in recent years to improve flexibility for its staff. Since September 2021 all NHS employees have had the day-one right to request flexible working arrangements for any reason, whereas previously this was often restricted to certain occupations, required a valid reason (most often childcare responsibilities), and was rarely open to junior staff. Flexible work options can include working part-time, compressed hours, or when feasible, remote working whose adoption hastened by the pandemic has been cited by NHS leaders as a significant positive to come from the last three years. (60)

So as to be most effective, moves to a shorter working week need to exist alongside retaining flexibility in broader working arrangements. Rather than being seen as alternate solutions to a similar issue, work time reductions and flexible working should be seen as complementary and mutually reinforcing approaches to work within the NHS. Despite the commitment in the NHS People Plan to help all NHS Employers progress to 'flexibility by default', old attitudes remain where flexible working is something to be accommodated rather than designed for across a team or department. Despite strengthened rights, a survey by the Royal College of Midwives of its members found that over a third had their requests to work flexibly rejected. (61)

(59) Schor, J. et al. (2022). The Four Day Week: Assessing Global Trials of Reduced Work Time with No Reduction in Pay. Four Day Week Global

(60) Patel, P., Thomas, C. and Quilter-Pinner, H. (2021). State of health and care: The NHS Long Term Plan after Covid-19. IPPR

(61) RCM (2022). More flexible working vital to stop staff flight from NHS says RCM

Trials of the four-day week and other work-time reduction initiatives across organisations to date have made clear the importance of collective responsibility; reviewing existing operations and working practices, and thinking strategically and creatively about how they can be adjusted in pursuit of better work-life balance. This parallels with insights derived from a pilot initiative carried out by Timewise aimed at improving flexible working practices for nurses in seven wards across three hospitals. (62) Aiming to tackle the perceived lack of transparency and unfairness in rostering decisions, all wards moved to team-based rostering, which emphasises all workers have work-life balance needs and preferences which need to be collectively negotiated. A lead team was created that captured nurses' long-term work-life preferences (to distinguish from one-off requests) and then negotiated each month's rota over a 6-12 month period. This led to nurses reporting improved work-life balance and a considerably higher sense of collective responsibility in the ward.

Shared governance initiatives like this and those seen in many of the UK-based and international four-day week trials afford greater autonomy and control to workers, trusting in them to know how flexibility can be improved and working practices altered to reduce working time. The above example may not work across all teams, wards, or trusts but highlights the principles needed when aiming to pursue work-time reduction and enabling wider progressive working practices.

### **Union strength and existing partnerships**

Unlike the private sector where much of the recent movement towards the four-day week has taken place, trade unions are significantly more empowered to help lead the movement for working time reduction within the NHS. Trade union density in the human health and social work sector (39.2%) is the second highest in the UK, and well above that of across all UK workers (23.1%). (63) Many of these unionised NHS workers are deeply invested and active in demanding better pay and conditions, as seen by the tens of thousands of nurses and ambulance workers striking during this winter.

That is not to say that such a situation allows for reduced working hours to be forced through by unions but rather, their relative strength in the NHS allows trade unions a vital role in the steps towards a shorter working week. From the five day week to recent international trials, unions have always been at the forefront of pushes for greater work-life balance. In Iceland the BRSB union consistently made the case for reducing working hours in Government negotiations, leading to two reduced working time trials. BRSB organised their implementation and managed the overall process, one of which included departmental hospital staff working irregular hours and led to improved wellbeing and work-life balance alongside maintaining service delivery. (64) This led to all public sector workers being offered new contracts with four fewer hours a week without a reduction in pay. (65)

Efforts to reduce working time look to be most successful when there is a role to be played by unions in acting as problem-solvers and innovators, drawing on and implementing the insights of its members. The Social Partnership Forum, a rare example of collaboration between employers and unions, brings together a range of key stakeholders including NHS Employers, NHS Trade

(62) Timewise (2019).

(63) BEIS (2022). Trade Union Membership, UK 1995-2021: Statistical Bulletin

(64) Haraldsson G D and Kellam J (2021) Going Public: Iceland's Journey to a Shorter Working Week, Autonomy.

(65) NEF (2020) Achieving a Shorter Working Week across Europe: Newsletter of the European Network for the Fair Sharing of Working Time, New Economics Foundation. <https://neweconomics.org/uploads/files/workingtime-newsletter5.pdf>



Unions, NHS England, and the Department of Health and Social Care, and could be utilised as a ready-made space to coordinate the design and implementation of a range of efforts to reduce working time across the NHS. Evidence suggests that if workers and employers negotiate how to implement national legislation and directives locally their benefits are likely to be spread more evenly, have greater buy-in, and be more inclusive. (66)

### Scope for innovation

Trade unions and their members can also lead a role in ushering in new labour-saving technologies that have scope to increase productivity, and move towards new models of care, allowing for reduced working time in turn. Data collection, processing, and other bureaucratic tasks such as appointment scheduling and prescription management take up a considerable amount of working time but have the potential to be automated to some degree. (67) Going further, IPPR has estimated that a wide-ranging programme of automation aimed at harnessing innovative technologies to free up £12.5 billion worth of frontline work time. (68) For such savings to be realised it is imperative that technologies don't produce isolated benefits, but rather are embedded and effectively used across teams to allow for enhanced ways of working (see Box 1.)

It would be imperative to carefully roll out such technologies, so as to ensure quality of care and patient outcomes are not impacted, and to do so involves key buy-in from workers. Initial research indicates that workers are more positive towards the introduction of new technologies if they are involved in decision-making processes as it involves considerable effort and potentially substantial redesign of roles and ways of working to realise their benefits. (69) If a widespread programme of automation and innovation could be leveraged to act as a key driver behind work time reduction, rather than an end itself, NHS unions and their members could play a vital role in its delivery while ensuring it does not negatively impact autonomy, control or dignity at work.

#### Innovative time-saving at Guy's and St Thomas Hospital

At Guy's and St. Thomas Hospital in South London, the surgical team has utilised strategic scheduling of patients, innovative new technologies and efficient joint working to significantly reduce the time needed for often complex prostate surgeries. An advanced robotic technique, adopted by the team since July 2022, for men with non-cancerous, enlarged prostates, takes an average of 40 minutes compared to up to three hours using more standard procedures.

Recently the team completed a week's worth of prostate surgeries over the course of a single day, a record for surgeries of this kind. Suitable patients were carefully selected, with their surgeries all scheduled to take place over a single day on the weekend. Treatment pathways were efficiently planned, to minimise non-operative time, allowing more time for surgeons to carry out procedures using the robotic technique. The consultant surgeon involved emphasised this approach "can be applied to all surgical specialties" and used as a "blue print to help tackle the rising tide of surgical waiting lists."

(66) Coote, A., Harper, A., & Stirling, A. (2021). *The case for a four-day week*. Cambridge, UK: Polity Press.

(67) Skidelsky, R. (2019). How to achieve shorter working hours. Progressive Economy Forum

(68) Darzi A. (2018). Better health and care for all: a 10-point plan for the 2020s. IPPR

(69) Hardie T, Mahadeva S, Horton T. (2021). Realising the Benefits of Technology in Health Care. Health Foundation

# 7. ROADMAP TO A SHORTER WORKING WEEK IN THE NHS

When William Beveridge produced his report in 1942 that proposed to usher in a system of universal healthcare and slay the ‘Five Giants’ facing the country he explicitly emphasised that it was a time ‘not for patching.’ To gain mass public support for his vision a substantial publication run took place, selling over 600,000. Copies were also sent to those serving in the armed forces, and Beveridge himself embarked on a large-scale national tour.

A century on we face a similar moment, where patching up the NHS is not sufficient. However, on this occasion support for what is needed is already there. The majority of the public are in favour of the Government pursuing a four-day week, NHS workers are adamant that what is needed is reduced workloads and greater work-life balance to continue in their roles. What is needed now is the will to place work-time reduction at the core of a long-term vision to ensure the sustainability of the NHS and its workforce.

## A vision for work-time reduction by the NHS Centenary

One of the consistent failures of successive Governments over the last decade has been the unwillingness to produce a comprehensive workforce strategy for the NHS. In 2017 a House of Lords Committee report concluded that the absence of a credible and meaningful workforce strategy “*represents the biggest internal threat to the sustainability of the NHS.*” [\(70\)](#)

This year is the 75th birthday of the NHS. The Government should mark this occasion by delivering a comprehensive workforce strategy that places work-time reduction at its core. Unlike previous interim strategies and short-term People Plans containing a raft of targets without any clear links to deadlines or mechanisms for their delivery, this strategy should allow for the pursuit of ambitious goals like work-time reduction. It should lay out a clear pathway across 5, 10, and 20-year horizons to have achieved a meaningful work-time reduction target well ahead of the centenary of the NHS in 2048.

To make continued progress toward its 20-year target, while also providing the highest quality of care and adequate staffing numbers, will require ongoing and careful monitoring. Current Government modelling has failed to even account for the impact that less than full-time working is having on total staffing numbers across specialties. [\(71\)](#) As such mechanisms need to be put in place to capture staffing levels and assess if sufficient numbers are being trained across each profession, specialty, and sub-specialty, when accounting for movement towards a shorting working week for staff in the NHS. This may also require a review of the cap on medical and dental school places, which was lifted to 10,000 in 2020 and 2021 but has since returned to 7,500.

[\(70\)](#) House of Lords [Select Committee on the Long-term Sustainability of the NHS] (2017). *The long-term sustainability of the NHS and adult social care. Report of session 2016–17*

[\(71\)](#) House of Commons Health and Social Care Committee (2022). *Workforce: recruitment, training and retention in health and social care*

## **Establish a Work Time Commission for the NHS**

Vital to assisting the Government in the monitoring of this 20-year vision will be the establishment of an independent body capable of advising on long-term policy and holding the Government to account over time. Numerous groups such as Autonomy, IPPR, and the TUC have recommended such a body to promote work-time reduction, citing the success of the Low Pay Commission in fulfilling a similar role in improving the National Living Wage. A so-called Work Time Commission should be created as a statutory body, with legislation making clear its remit to hold the government to account and steer direction towards reducing working time in the NHS.

A key part of its role should be in promoting sustainability and ensuring that wherever feasible productivity gains within the NHS can be returned to workers. From 2010 to 2019 productivity growth in the healthcare sector outstripped that of the whole economy, growing at an average annual rate of 1.5%, compared to 0.4%, as NHS England praised its staff for providing 16.5% more care pound for pound than a decade previous. [\(72\)](#) Wage restraint contributed to these productivity gains for the first number of these years, and any growth since then has failed to make working lives any easier for NHS staff. If significant productivity gains are to be realised such as through adopting innovative technologies, they should be harnessed to deliver gains to workers rather than simply being recovered as savings.

## **Trialling and spreading work-time reduction**

Ultimately what is needed next is a four-day working week pilot within the NHS, to harness workplace innovations and develop learnings to be shared across wards, hospitals, community settings, and regions.

To ensure staff reap the wellbeing benefits, the pilot must reduce working hours to at least 32 hours and ensure there is no reduction in pay. While the recent UK pilot ran for six months, given the greater complexity involved in a potential NHS trial, it should take place over a period of at least a year.

As the NHS is a 24/7 environment, it is likely that some additional staff will be needed to cover the hours across the week. There will be a cost involved to train, recruit, onboard and pay these additional employees, and it will require a strategically-managed rollout. However, these additional costs must be measured alongside anticipated cost savings that will be made through reduced absenteeism, reduced reliance on more expensive agency staff and all-round improved job retention.

We propose that trials be conducted starting with specific trusts, and if possible, integrated care systems and primary care networks.

Modelling should be utilised to draw up a list of potential areas taking into account recent trends in recruitment and retention, and forecasting future demand based on demographics and other factors. Similar to the £10 million announced by the Scottish Government to fund a series of four-day working week pilots across Scotland in 2023, and the financial support provided by the Icelandic government in its trials, a funding pot should be made available to NHS trusts that undertake these first trials in their services. Within the NHS and across the country there is a wide range of services with their own unique pressures and capacities, but one area that could bear fruit as an early adopter of such trials could be maternity services (see Box 1).

[\(72\) NHS England \(2019\). Staff praised as NHS productivity grows more than twice as fast as wider economy](#)

## Bedding in a shorter working week in maternity services

When the NHS was created it was based on the vision of creating a welfare state that would provide support from cradle to grave. 80 years on, too many of those providing care and support to newborns and their mothers, are dealing with excessive rates of stress and exhaustion. Stress, depression and anxiety account for almost a third (31%) of sickness absence among midwives, the highest rate of all staff groups in the NHS. (73) Over the last year work-life balance accounted for 18% of all reasons for midwives leaving, compared to 12% for all NHS staff. (74)

Though maternity services face staffing shortages and rising vacancy rates like much of the NHS, these challenges are not insurmountable. Midwives are the only professional group for which the NHS doesn't have a lower-than-average number of staff, however a third of qualified staff are over 50 years old, with one in three expected to retire in the next decade. (75) These services could be facing a cliff-edge in staffing, and foresight is needed to take every effort necessary to retain experienced staff, and recognise the work-life balance needed given the Royal College of Midwives estimate up to 60% have caregiving responsibilities. (76)

Maternity services could be well placed to stress-test moves to a shorter working week, given the more predictable nature of the care they provide and the less significant impact other areas can have on demand (e.g. issues in social care provision can significantly impact on delayed discharge when delivering healthcare for older people). This is not to say that they are without their own unique pressures. The recent Ockenden report has served as a landmark moment for maternity services, delivering a range of recommendations that must be acted on. Building on this action and delivering the safety and quality of care needed could be accompanied by collectively trialling ways of working that incorporate work-time reduction.

(73) NHS Digital (2022) NHS workforce statistics, NHS Digital. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhsworkforce-statistics>

(74) *ibid*

(75) Health Foundation, King's Fund & Nuffield Trust (2018). The health care workforce in England

(76) House of Commons Health and Social Care Committee (2022). Workforce: recruitment, training and retention in health and social care