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**The Buckinghamshire,
Oxfordshire, & Berkshire West
and Frimley Health and Care ICS
Cost of Living Review – Staff and
their Lived Experiences**

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 @Hud_HHS

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'...it is now, the thirteenth [of the month] I've got less than a hundred pound in my bank account. I've got to feed my kids, I've still got to get to work, you know, which do I prioritise?'

093020:6

Chapter One

Introduction

1.0 Introduction

The Buckinghamshire, Oxfordshire & Berkshire West (BOB) and the Frimley Health and Care Integrated Care Systems (ICS) were formally established in 2022. The ICS comprise health and care organisations situated within the catchment area who work together to plan and deliver joined up health and care services for the local population. Figure 1.0 represents the geographical location of BOB (area 30) and Frimley (area 31) Health and Care ICS. Both sit within the South East of England NHS region and borders the North West of London.

Further information about each ICS can be found through the following weblinks:

- [BOB ICS website link](#)
- [Frimley Health and Care website link](#)

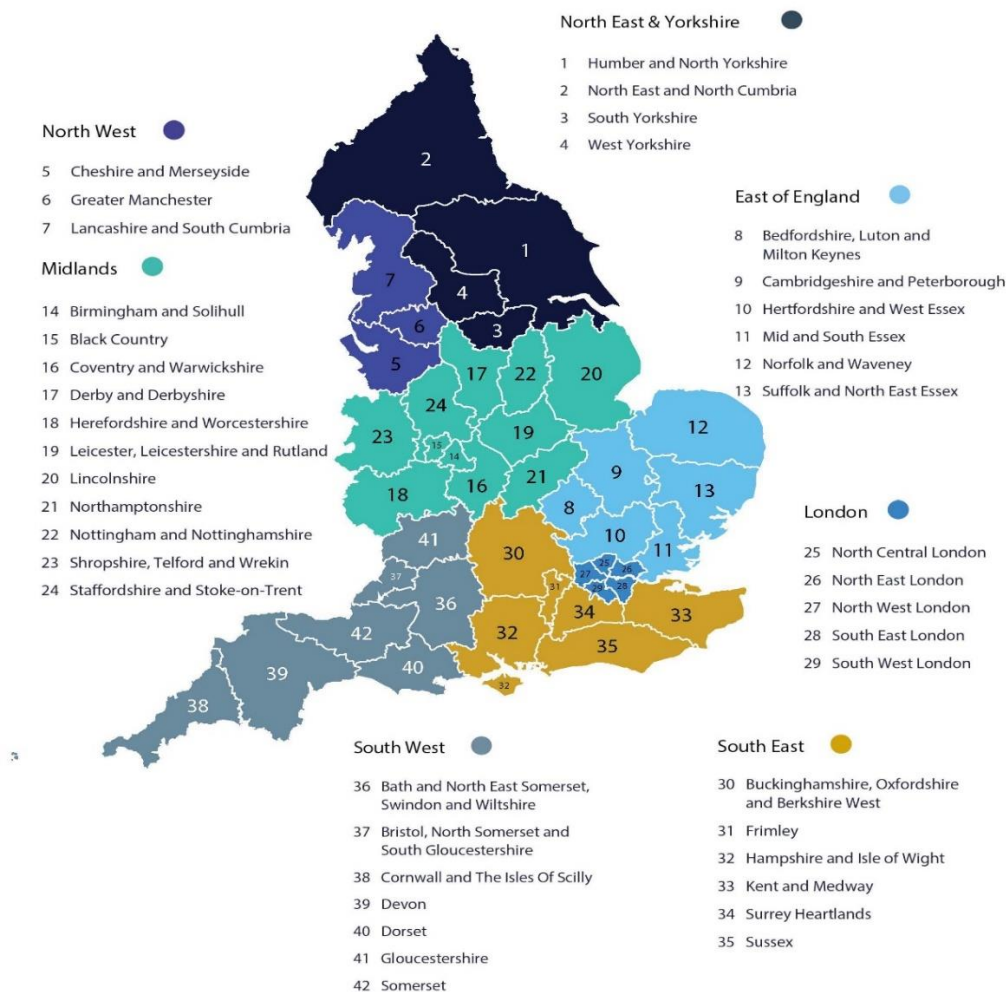


Figure 1: The 42 ICS regions across England (April 2023)

1.1 Background

The Thames Valley is one of the most workforce constrained areas of the country with the highest NHS vacancy rates in the South East of England, at 8% for all staff groups (South Data Sharing 03/2023). The supply of staff into many NHS professions continues to be problematic and the numbers of Registered Nurses (RNs) and Healthcare Scientists exiting the NHS remaining higher than those joining (Electronic Staff Register (ESR) leavers data – 04/2022 to 03/2023). Indeed, by March 2023 the region had 1,315 nursing vacancies, reflecting 11.4% of the planned nursing establishment and 278 (9.8%) for Allied Health Professionals (South Data Sharing 03/2023). In adult social care the vacancy rate was 10.6% across all staff groups while the turnover rate in adult social services departments was 36% in 2021/2022 (Skills for Care's adult social care workforce estimates 2021/2022). In the NHS community-based workforce, the vacancy rate for RNs, Midwives and Health Visitors is 11.4% with demand for services continuing at high levels.

These high level of vacancies increasingly adds to the pressure to supplement substantive staff with temporary staff. The region is also very reliant on international staff – just under 20% of the BOB ICS nursing workforce are international recruits and in Oxford University Hospital, for example, around 1 in 8 of the healthcare workforce are international, rising to 3 in 10 of the nursing population (ESR data 03/2023). The ICS has also been very vulnerable to the uncertainties created by Brexit with fewer EU staff joining the NHS generally and Government immigration policies (NHS Digital, 2022a).

The ICS suggests that relocation is one of the top reasons for staff leaving the region and have evidence that staff living in high-cost areas notice a higher turnover as staff move to areas with a lower cost of living. During 2022, for leavers whose destination was a named NHS organisation, only 25% of AHPs and 29% of RN leavers were retained within the BOB and Frimley ICS. As well as moving to other South East areas and London, there was a significant flow to the East of England and the South West (ESR data 01/2022 to 12/2022). Exit interviews from Oxford University Hospitals NHS Foundation Trust, South Central Ambulance Service NHS Foundation Trust, and Berkshire Healthcare NHS Foundation Trust show cost of living and relocation as the main factors contributing to why people leave.

1.2 Cost of living

While the NHS across England is experiencing workforce challenges around vacancies, absence and turnover rates, the BOB and Frimley Health and Care ICS believe their difficulties are exacerbated by the increasing cost of living compared to other areas of the country, coupled with a national pay scale that does not reflect this cost. For example, BOB Local Authorities (apart from Reading) are amongst the least deprived in England (Index of Multiple Deprivation (IMD) 2019).

South East residents live longer and enjoy a greater proportion of their lives free from disability, than in other parts of the country (Office for National Statistics (ONS) 2014). Only in the 'barriers to Housing and Services' domain which measures the physical and financial accessibility of housing and local services so BOB Local Authorities score poorly (Index of Multiple Deprivation (IMD), 2019). However, the BOB ICS has a high cost of living and higher ratio of house costs relative to annual salary than England and the South East for example the average Wokingham housing prices are 28% higher than SE average (ONS, 09/2022). As a further example house prices in Oxford have risen 160% in the past 20 years – the median house prices in 2022 was £445,775, compared to £171,500 in 2002. This is nearly double the £275,000 median house prices for England outside of London. Oxford is officially recognised as the least affordable town/city in which to live, with a first-time buyer house price to earning ratio (HPER) of 10.1, therefore the property costs more than 10 times an annual salary, compared to the average UK HPER of 5.5 (Nationwide building society, 2022).

Rental costs in the Thames Valley area are also high, with some median annual rental costs in for example Oxford, Windsor, Maidenhead and Woking being higher than 50% of a Band 5 starting salary, and all areas higher than 40%. Some areas have higher median rent costs than areas that would attract HCAS rates (ONS, 2023).

1.3 The research

This research was therefore commissioned to investigate and provide an independent evaluation to enable the BOB and Frimley Health and Care system leads to determine actionable counters to identify and help reduce the potential stresses for staff to reduce leavers and enhance the attractiveness of working in both ICS.

This paper presents stage two of the research project designed to create a robust evidence base to test the attrition assumptions and understand the economic case that may drive attrition of health and care staff within the BOB and Frimley Health and Care ICS.

This complete project comprised three stages undertaken in partnership with researchers from the University of Huddersfield and Sheffield Hallam University which includes: Stage one, the Economic Analysis (Prof E Ferrari, Sheffield Hallam University), this report, which is stage two, the Lived Experiences (Prof J Garside, University of Huddersfield) and stage three, Solution Scenarios (Prof P Brown, University of Huddersfield).

Chapter Two Methodology

2.0 Introduction

Mixed methods is a formal research methodology designed to enable the combination and interconnection of quantitative and qualitative data. This mixed methods approach combined the quantitative data analysis from an electronic survey alongside data generated from qualitative semi structured interviews. This allowed the gaining of research breadth, through collecting quantitative data from the distributed survey set, whilst also retrieving in-depth responses and lived experiences of BOB and Frimley Health and Care staff (Creswell and Plano Clark, 2018). Integrating the benefits of both approaches provides the opportunity to utilise the strengths of each methodology to explore research objectives in full and to gain a complete and meaningful picture of the cost-of-living impact on staff working in the BOB and Frimley Health and Care region (Dawadi et al., 2021).

2.1 Data collection

Questionnaire: The online survey, developed in consultation with a stakeholder group consisting of staff from across both the BOB and Frimley Health and Care ICS, were disseminated through ICS networks to all staff (grade 7 or below) working in the BOB and Frimley Health and Care regions. The survey aimed to:

- understand the current financial position and any challenges experienced
- identify the extent to which NHS staff perceived salaries met current living costs
- determine the relative significance of individual factors that affect staffs' decisions to leave (e.g., living costs, travel costs, working conditions, job satisfaction, relocation)
- ascertain which staff groups are more likely to stay or leave positions of employment
- identify factors which can support more staff to stay

The qualitative interviews: Following the survey, rich insights were gathered through semi-structured qualitative interviews with health and care staff living in the BOB and Frimley Health and Care ICS organisations. The interviews aimed to explore staff experiences of living and working within the BOB and Frimley Health and Care areas. More specific objectives included to explore:

- the impact of the current cost-of-living situation on work and home life
- a detailed picture of their current cost of living/accommodation challenges and the local area they live
- current salary and expenditure arrangements alongside any challenges or difficult decisions and forward planning
- Commuting experiences

Consent to access to interview participants was gained via the survey (survey respondents were given the option to opt into a 1-1 interview). Therefore, the sampling method promoted a maximum variation approach selecting a range of health and care staff from the BOB/Frimley Health and Care regions who are affected by the cost-of-living. This included (but was not limited to) international recruits, British-born BME nurses, UK staff not native to BOB/Frimley Health and Care regions. Interviews were carried out using online video Microsoft Teams (hosted by the University of Huddersfield), video recorded and transcribed prior to analysis. The recordings were made available only to members of the project team.

2.2 Ethics

Ethical approval was received from the University of Huddersfield's School Research Ethics and Integrity Committee prior to dissemination, data collection and analysis. The research was confirmed by Health Research Authority (HRA) as not requiring HRA/IRAS approval, as it was not medical research or a clinical trial and did not involve service users. Participants were required to provide informed consent prior to completing and submitting the survey or undertaking the interviews. This reassured respondents/participants that confidentiality and anonymity would be maintained, and individuals would not be identifiable in any reports or other documents resulting from the research.

2.3 Data analysis

Analysis for the quantitative data consisted of a series of analyses of the relationships between mostly nominal and ordinal categorical variables, using both descriptive and inferential methods. Descriptive analysis was conducted using cross-tabulations and clustered bar charts; condensing low-frequency categories of certain variables where appropriate and reporting frequencies and percentages of all categories of all included categorical variables. Numerical variables were reported using means and standard deviations. Associations were tested inferentially using the chi-squared test for association, reporting the test statistic (the chi-squared statistic) with degrees of freedom, and the significance level (p -value). Numerical variables were compared across categories using independent samples t -tests. Uncorrected p -values were reported, but corrections may be applied informally if required. No *a priori* hypotheses were postulated. All analyses were conducted on valid cases only.

The qualitative data extraction processes were formed following Braun and Clarke's (2006) six stage inductive thematic review process to identify, analyse and report patterns and themes in the research findings. An initial and open coding process was thus established using NVivo qualitative data analysis software, to classify the categories of information emerging from the research findings. As coding developed and where overlap was present, codes were collapsed, and initial themes were identified and compared and synthesised with/against the quantitative findings.

Chapter Three

Findings: demographics

3.0 Introduction

Stage one received a total of 340 responses to the cost of living (CoL) survey, with all results considered admissible and stage two comprised 20 in-depth semi-structured interviews.

To be included in either sample, respondents/participants had to meet the following criteria: (i) staff working across the BOB and Frimley Health and Care ICS at grade 7 or below, (ii) having worked for the organisation for 12 months or more. Respondents could only complete a survey or undertake an interview once they had provided informed consent.

In this, the first findings chapter, the demographic data completed by the 340 CoL survey responses is presented. Selected data is compared to BOB and Frimley Health and Care ICS December 2022 workforce profile data (appendix one). Other than pay band, demographic data from the interview participants is not made available to ensure that no individuals can be identified (table 1.0).

3.1 Demographics of the respondents and participants¹

Age: Of the 340 respondents, figure 2 identifies the age range in comparison to the age profile of the BOB and Frimley Health and Care staff (12/2022) – and whilst the 30-34 age group is higher in the survey, overall, all age groups are proportionately represented in the research.

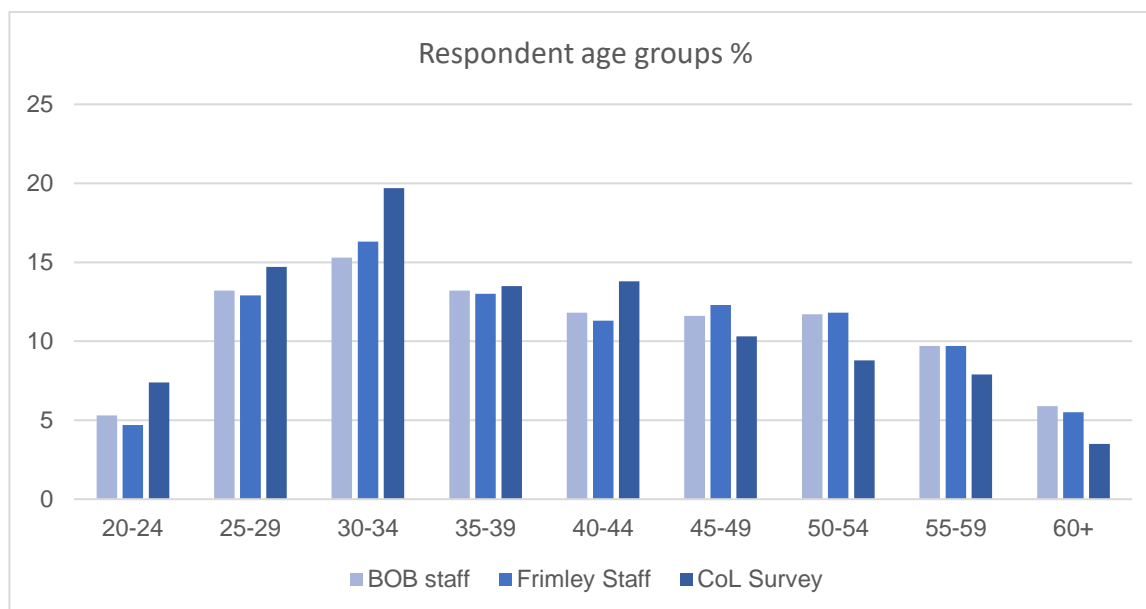


Figure 2: Age ranges across BOB, Frimley ICS in comparison to the CoL survey

¹ Please note 'respondents' refers to phase 1 survey responses and 'participants' to phase 2 interview responses.

Gender: Of the total number of respondents, 65.6% (n=223) identified as female and 33.5% (n=114) as male; 0.9% chose not to say. This compares to a 23.4% male and 76.6% female split across BOB and Frimley Health and Care ICS.

Country of birth: Respondents were from 32 countries in total which were combined and presented in figure 3. Figure 4 compares the survey respondents to the nationality of BOB and Frimley Health and Care ICS staff. This highlights a greater response to the CoL survey from UK born nationals (83.2% to 66.9% respectively) compared to staff from both the European Union (EU) (7.4% to 9.5%) and the Rest of the World (ROW) (9.4% to 17.8%) therefore suggesting that the CoL survey may not fully represent the non-UK groups.

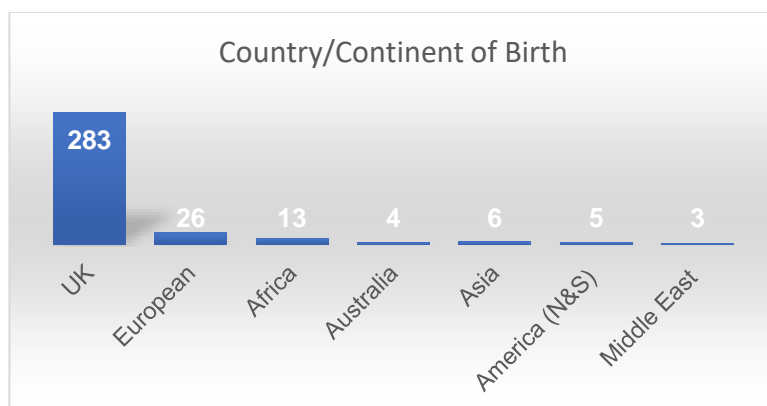


Figure 3: Respondents country of birth

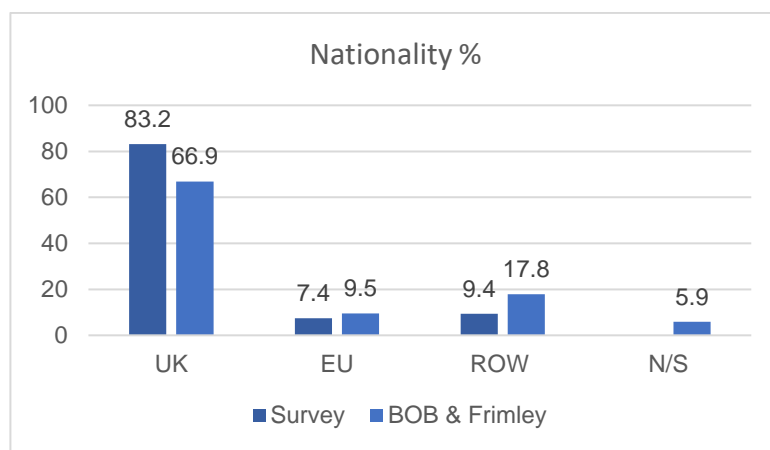


Figure 4: CoL survey respondents and BOB and Frimley ICS staff nationality

Domestic situation: Figure 5 represents the marital status of the survey's respondents with 50.6% (n=172) reported to be married or in a civil partnership, 40% (n=136) single, 7.9% (n=27) divorced or separated and 1.5% (n=5) preferring not to answer (NS). Of the respondents 55.3% (n=188) report that they did not have financial responsibility for any children, 14.4% (n=49) had one child, 23.3% (n=79) had two, 6.1% (n=21) three and 1% (n=3) four or more (figure 6). Finally, 19.4% (n=66) of

respondents reported having carer responsibility for someone with a long-term physical or mental health illnesses, or problems related to old age (figure 7).

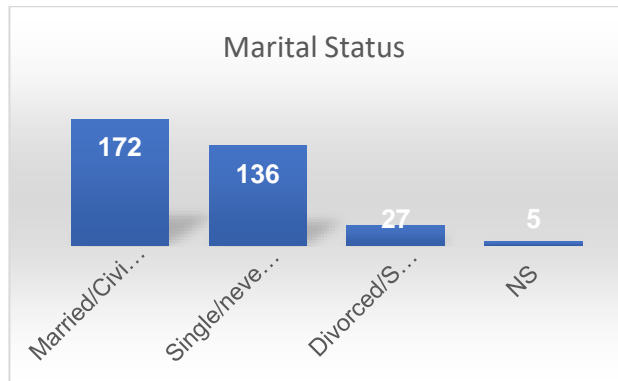


Figure 5: Respondents legal marital or registered civil partnership status

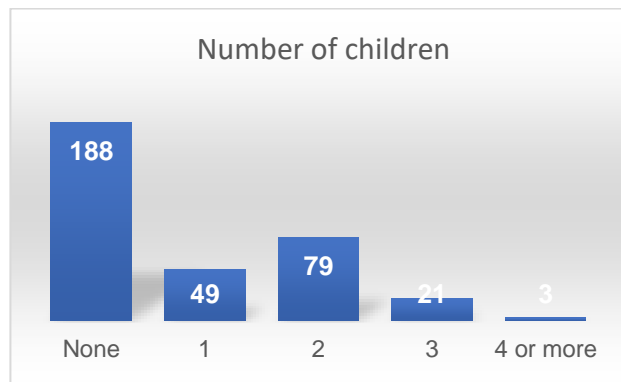


Figure 6: Number of children/young adults' respondents have financially responsibility for

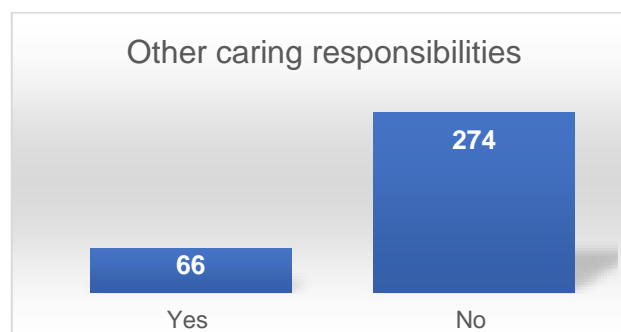


Figure 7: Respondents carer/support for anyone due to long-term physical or mental health illnesses, or problems related to old age

Professional status: CoL surveys were distributed across all NHS organisations within the BOB and Frimley Health and Care ICS. Of the total responses, 59.1% (n=201) were from the South Central Ambulance NHS Foundational Trust, 29.7% (n=101) from Berkshire Healthcare NHS Foundational Trust, 2.9% (n=10) from Buckinghamshire Healthcare NHS Trust and the Royal Berkshire Hospital NHS Foundation Trust, 1.8% (n=6) from the BOB ICB and Oxford Health NHS Foundational Trust and

0.3% (n=1) from Oxford University Hospitals NHS Foundational Trust and Frimley Health Foundational Trust 1.2% (n=4) of respondents reported their organisation as not listed (figure 9).

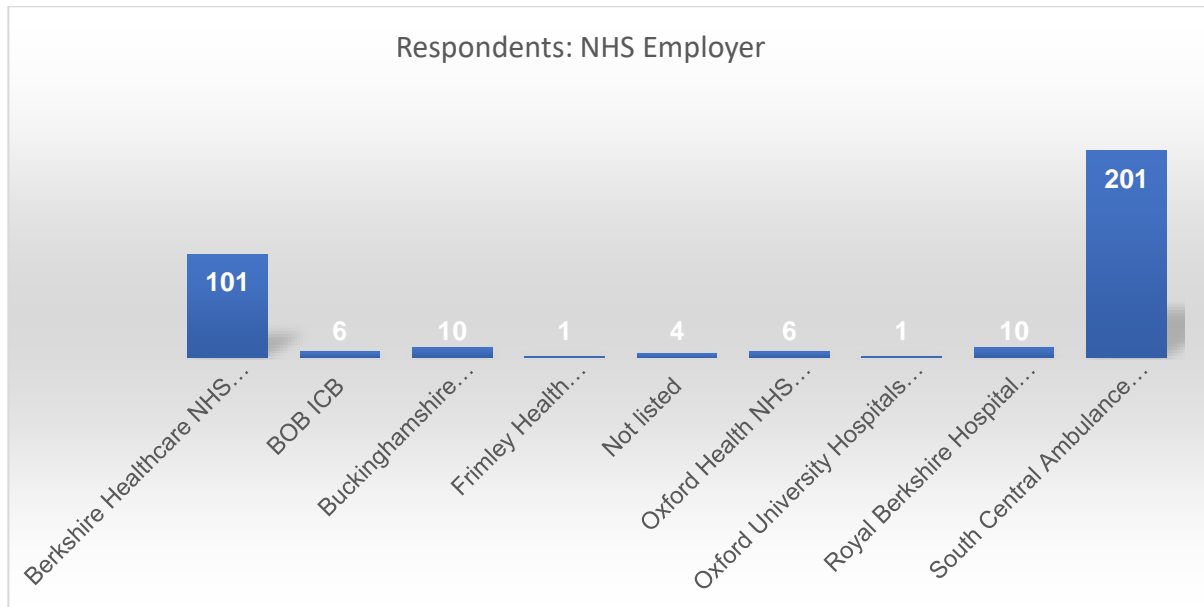


Figure 9: Respondents employer

Pay band 2 to pay band 7 were represented by the 340 CoL survey respondents; of these 29.7% (n=101) were band 6 respondents, 23.2% (n=79) band 3 respondents, 19.4% (n=66) band 7 respondents, 13.8% (n=47) band 5 respondents, 12.9% (n=44) band 4 respondents and 1% (n=3) of respondents were band 2 (figure 10).

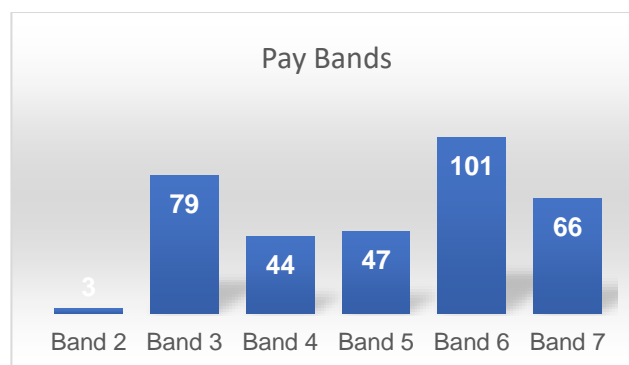


Figure 10: Respondents pay bands

Of the 20 interview participants, 6 were band 7 staff, 9 were band 6, 2 were band 5, 1 band 4 and 2 were band 3 staff. Individual and random codes provided by the transcriber have been applied to each participant; the final number reflects the pay band (table 1).

ID	Band	ID	Band
1 – 093020:6	6	11 – 130410:7	7
2 – 160218:6	6	12 – 120343:7	7
3 – 110248:7	7	13 – 113056:6	6
4 – 135914:3	3	14 – 093238:6	6
5 – 133125:3	3	15 – 110829:6	6
6 – 100602:7	7	16 – 133712:7	7
7 – 150253:6	6	17 – 130646:4	4
8 – 100403:6	6	18 – 153302:6	6
9 – 090423:6	6	19 – 110133:5	5
10 – 133809:7	7	20 – 133321:5	5

Table 1: Interview participants – phase two (total n=20)

Chapter four

Findings: Staff and their potential to leave

4.0 Introduction

This, the second findings chapter, presents the statistical data and analysis of responses received from the 340 participants within the CoL survey. The focus here is the leaving potential and any associated trends within different demographical groups. Where possible, the questions and results are compared to other data available through the ICS. A summary of key learning points is presented below:

Key learning points

- 70% of staff from the BOB and Frimley Health and Care ICS *considered leaving* their current role in the last 12 months.
- *Housing and living costs* are most reported as the reason for leaving, followed by job pressures then career development and then CPD.
- The proportion of staff who have *considered leaving* peaks for those who have had between 6 and 10 years' service and lowest for those with 11 – 15 years' service.
- *Housing and living costs* are much more of an issue and the given reason to consider leaving for those staff with less than 10 years' service.
- A clear pattern is evident of an increasing proportion of respondents considering leaving for reasons of *job pressures* as they move up the banding scale.
- There was no significant difference in *intentions to leave* identified for staff from different ethnic groups, those married or those having dependent children or caring responsibilities.
- A higher proportion of single respondents highlighted career development and CPD as a reason to leave than married or separated/divorced respondents however, the association is non-significant.
- A substantively greater proportion of respondents who were *not in receipt of HCAS* reported considering leaving their role for housing and living cost reasons.

4.1 Leaving potential

With retention of BOB and Frimley Health and Care staff key to the purpose of the research, respondents were asked whether they had considered leaving their current role in the last twelve months. Of the 340 respondents, 70% (n=238) answered *Yes*, they had considered leaving the role in the last 12 months with 30% (n=102) answering *No*.

The CoL survey results exploring the motivations of staff who are considering leaving their employment do differ to the results of the BOB and Frimley Health and Care organisations staff survey, and whilst our questions are worded quite differently, we see a lower proportion of staff indicating their intention to leave through the staff survey data. Key results include:

- *I often think about leaving this organisation:* 32.1% average across all ICS organisations (range 23.4%-47.3%)
- *I will probably look for a job at a new organisation in the next 12 months:* Average 25.5% (range 20.8% - 41.3%)
- *As soon as I can find a job, I will leave this organisation:* Average 17.2% (range 12.6%-25.1%)
(BOB and Frimley Health and Care ICS Staff survey, 2022)

Exploring further the reasons why staff considered leaving, participants were asked how likely they would be to apply to leave their current job for each of the following reasons: i) housing and living costs; ii) career and professional development; iii) job pressures; iv) retirement (figure 12, 13, 14 & 15). Answers were reported in terms of Likert-style items with options *strongly agree, agree, neither agree or disagree, disagree or strongly disagree*.

Housing and living costs: 61% (n=208) respondents provided a positive response (Agree or Strongly Agree), 17.6% (n=60) provided a negative response (Disagree or Strongly Disagree) and 21.2% (n=72) provided a neutral response to housing and living costs being the reason that they would leave their current role (figure 12).

Career and professional development: 35% (n=121) respondents provided a positive response, 41% (n=140) provided a negative response and 41.2% (n=79) provided a neutral response to career and professional development being the reason that they would leave their current role (figure 13).

Job pressures: 39.4% (n=134) respondents provided a positive response, 37.1% (n=126) provided a negative response and 23.5% (n=80) provided a neutral response to job pressures being the reason that they would leave their current role.

Retirement: 4.4% (n=15) respondents provided a positive response, 88.2% (n=300) provided a negative response and 7.4% (n=25) provided a neutral response to retirement being the reason that they would leave their current role.

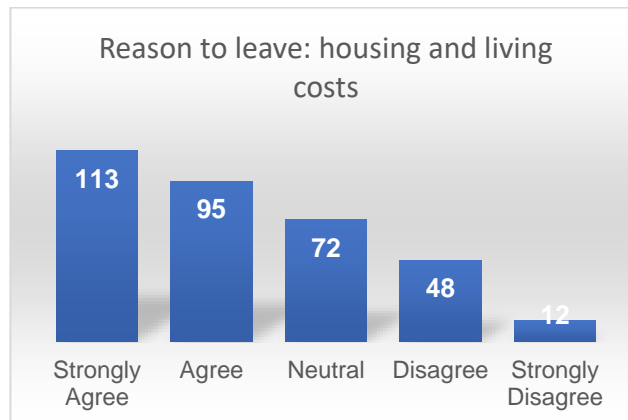


Figure 12: Respondents answers to: If I was to leave my current role, this would be because my salary does not cover my housing and living costs

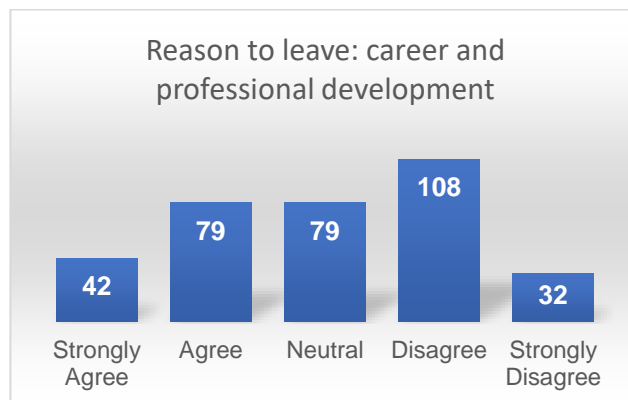


Figure 13: Respondents answers to: If I was to leave my current job, this would be to pursue career and professional development elsewhere in the NHS

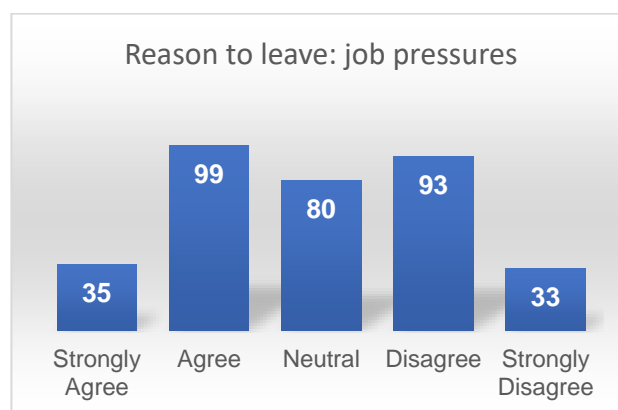


Figure 14: Respondents answers to: If I was to leave my current role, this would be because of the pressure of my job

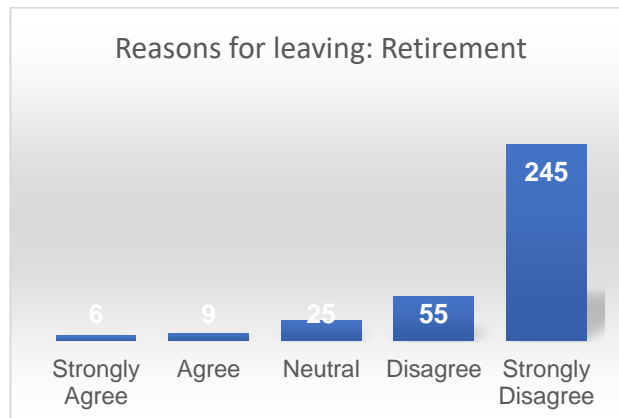


Figure 15: Respondents answers to: If I was to leave my current role, this is because I am retiring

In figure 16, removing the retirement category because it only applied to a limited number of respondents who are approaching retirement age, this data is presented comparably demonstrating cost of living is the primary motivator for most respondents to consider leaving.

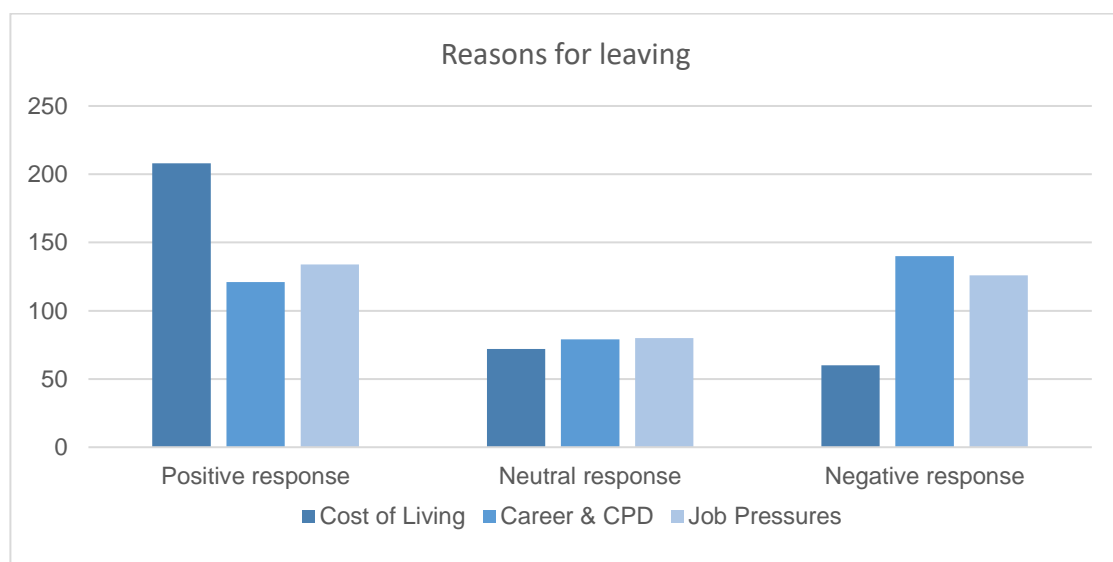


Figure 16: Summary comparison to respondents' reason for leaving their current role (removing retirement)

A full statistical analysis was completed on the demographic data and the reason for leaving questions. Whilst 60 analyses were completed, only the key or significant findings and a summary from this analysis follow:

4.2 Association between age and considering leaving their role:

The percentages of respondents who had considered leaving their current role within the last 12 months were constant in most age groups (67.5% - 73.6%), but lower in those aged over 60 (54.5%). There was no obvious change in the proportions considering leaving across age groups (table 2;

figure 17). An independent samples t-test confirmed that there was no significant effect of age on thoughts of leaving, comparing the ages of respondents who had considered leaving with those who had not (mean difference 0.57 years; 95%CI 2.10 years to 3.24 years; $p=0.675$).

		In the previous twelve months, have you considered leaving your current role?			
		No	Yes	Total	
Age group	18-30	Count	28	62	90
		% within Age group	31.1%	68.9%	100.0%
	31-40	Count	29	81	110
		% within Age group	26.4%	73.6%	100.0%
	41-50	Count	26	54	80
		% within Age group	32.5%	67.5%	100.0%
	51-60	Count	14	34	48
		% within Age group	29.2%	70.8%	100.0%
	61+	Count	5	6	11
		% within Age group	45.5%	54.5%	100.0%
Total		Count	102	237	339
		% within Age group	30.1%	69.9%	100.0%

Table 2: Association between age and considering leaving their role

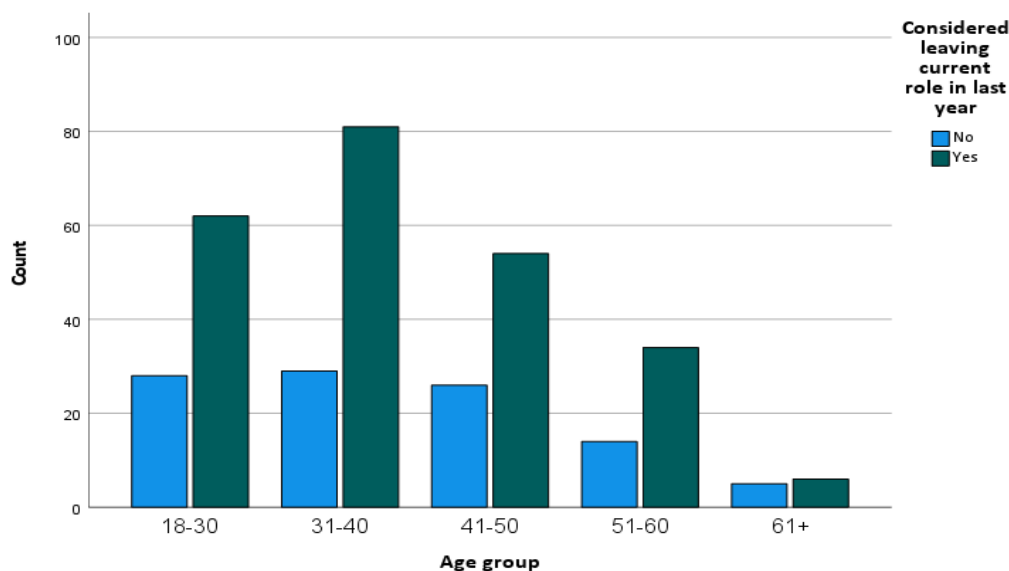


Figure 17: Association between age and considering leaving their role

We now consider possible reasons for leaving the role. It was assumed that a response of “agree” or “strongly agree” to any of the reasons offered represented a positive intention. Of the 238 respondents who had considered leaving their role within the last 12 months:

- 165 (69.3%) had considered leaving their role because their salary did not adequately cover housing and living costs;
- 96 (40.3%) had considered leaving their role to pursue career and professional development elsewhere in the NHS but in a more affordable area;
- 114 (47.9%) had considered leaving their role because of job pressures;
- 1 (0.4%) had considered leaving their role because of retirement.

138 respondents gave 1 reason; 122 gave 2 reasons; 32 gave 3 reasons. No-one gave all 4 reasons.

Of the 238 respondents who had considered leaving their role within the last 12 months:

- The mean age of those who stated that they might leave because their salary did not adequately cover housing and living costs was 38.0 years (SD 10.4 years)
- The mean age of those who stated that they might leave because they may wish to pursue career and professional development elsewhere in the NHS but in a more affordable area was 36.1 years (SD 9.27 years)
- The mean age of those who stated that they might leave because of job pressures was 39.9 years (SD 10.8 years)

An analysis was then conducted on all respondents, whether or not they reported that they were considering leaving their role. The stats here can be interpreted as those who, if they were to leave their role, would give a reason for it.

- The mean age of those who stated that if they were to consider leaving, it would be because their salary did not adequately cover housing and living costs was 38.1 years (SD 10.7 years)
- The mean age of those who stated that if they were to consider leaving, it would be because they may wish to pursue career and professional development elsewhere in the NHS but in a more affordable area was 36.3 years (SD 9.51 years)
- The mean age of those who stated that if they were to consider leaving, it would be because of job pressures was 40.3 years (SD 10.6 years)
- The mean age of those who stated that if they were to consider leaving, it would be because of retirement was 54.7 years (SD 8.99 years)

Hence the figures based on those who are actively considering leaving were similar to those based on the full cohort.

4.3 Association between length of service and considering leaving the role: A cross-tabulation of length of service (in 5-year grouped intervals) shows the proportion who have considered leaving in the next 12 months peaks for those who have had between 6 and 10 years' service (89.5%); however, it is lowest for those with between 11 and 15 years' service (61.4%). A chi-squared test for association reveals the association between length of service and considering leaving the role to be significant at the 5% level ($\chi^2_{(4)}=13.4$, $p=0.009$). The effect was of moderate magnitude ($\phi=0.199$). Responses are summarised in table 3.

			In the previous twelve months, have you considered leaving your current role?		Total	
			No	Yes		
Length of service (LoS)	0 - 5 years	Count	68	133	201	
		% within LoS	33.8%	66.2%	100.0%	
	6 - 10 years	Count	6	51	57	
		% within LoS	10.5%	89.5%	100.0%	
	11 - 15 years	Count	17	27	44	
		% within LoS	38.6%	61.4%	100.0%	
	16 - 20 years	Count	6	13	19	
		% within LoS	31.6%	68.4%	100.0%	
	Over 20 years	Count	5	14	19	
		% within LoS	26.3%	73.7%	100.0%	
	Total		Count	102	238	340

% within LoS	30.0%	70.0%	100.0%
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Table 3: Association between length of service and considered leaving their role

Because of the similarity of results in the previous section between those from analyses conducted only on those who have considered leaving, and those conducted on everyone, the next analyses are presented only on those who have considered leaving in the last 12 months. Again, we assume that a response of “agree” or “strongly agree” to any of the statements below represents a positive intention.

Of the 238 respondents who had considered leaving their role within the last 12 months, responses of those who stated that they might leave because their salary did not adequately cover housing and living costs were distributed by length of service as summarised in table 4 and figure 18:

		Considering leaving: housing and living costs		Total	
		No	Yes		
Length of service (LoS)	0 - 5 years	Count	31	102	133
		% within LoS	23.3%	76.7%	100.0%
	6 - 10 years	Count	14	37	51
		% within LoS	27.5%	72.5%	100.0%
	11 - 15 years	Count	12	15	27
		% within LoS	44.4%	55.6%	100.0%
	16 - 20 years	Count	8	5	13
		% within LoS	61.5%	38.5%	100.0%
	Over 20 years	Count	8	6	14
		% within LoS	57.1%	42.9%	100.0%
Total		Count	73	165	238
		% within LoS	30.7%	69.3%	100.0%

Table 4: Association between length of service and housing and living costs

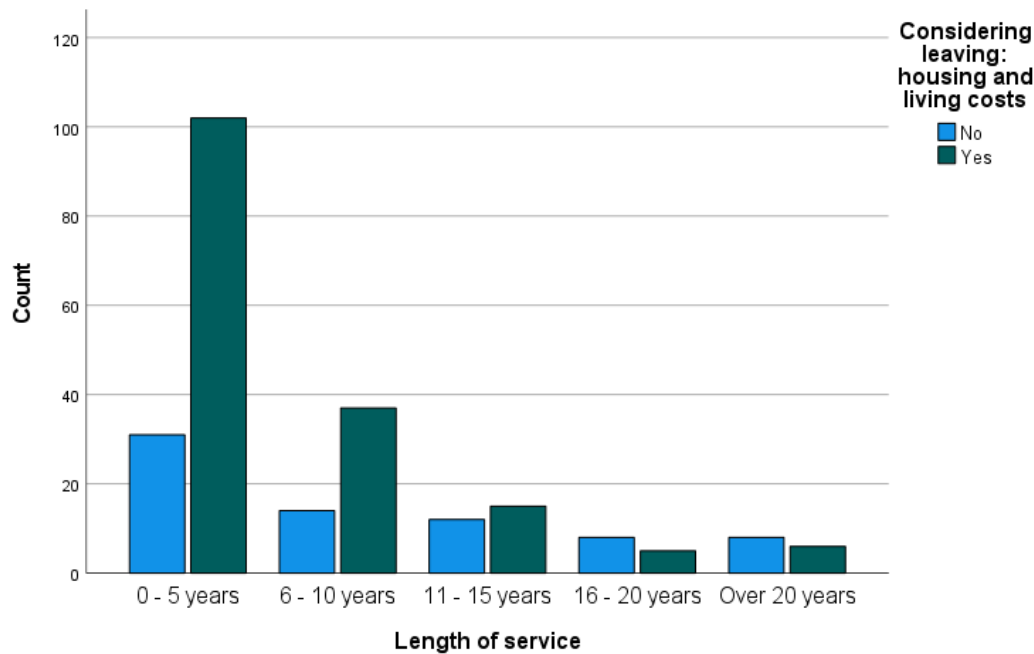


Figure 18: Relationship between respondents' length of service and consideration for leaving due to housing and living costs

Hence cost of living appeared to be much more of an issue for those staff with less than 10 years' service. The association between length of service and considering leaving for housing and living reasons was significant ($\chi^2_{(4)}=16.5, p=0.002$).

Of the 238 respondents who had considered leaving their role within the last 12 months, responses of those who stated that they might leave because they may wish to pursue career and professional development elsewhere in the NHS were distributed as in table 5:

Length of service (LoS)		Considering leaving due to career development reasons		Total
		No	Yes	
0 - 5 years	Count	73	60	133
	% within LoS	54.9%	45.1%	100.0%
6 - 10 years	Count	34	17	51
	% within LoS	66.7%	33.3%	100.0%
11 - 15 years	Count	15	12	27
	% within LoS	55.6%	44.4%	100.0%
16 - 20 years	Count	9	4	13
	% within LoS	69.2%	30.8%	100.0%
	Count	11	3	14

	Over 20 years	% within LoS	78.6%	21.4%	100.0%
Total	Count		142	96	238
	% within LoS		59.7%	40.3%	100.0%

Table 5: Association between length of service and those considering leaving due to career development reasons

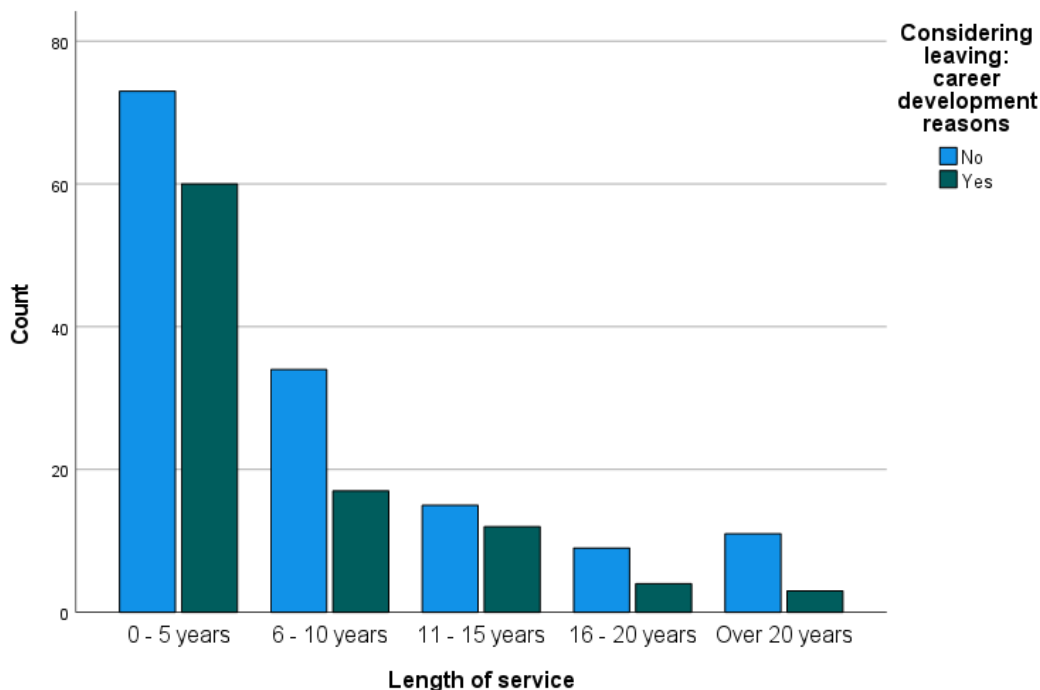


Figure 19: Relationship between respondents' length of service and consideration of leaving due to career development reasons

Hence there was less distinction between the groups, but in general, those with fewer years of service are more likely to say that they may leave for this reason than those with 11 or more years of service. The association between length of service and considering leaving for career development reasons is non-significant ($\chi^2_{(4)}=5.06, p=0.281$).

Of the 238 respondents who had considered leaving their role within the last 12 months, responses of those who stated that they might leave because of work pressures were distributed as follows:

Length of service	0 - 5 years	Count	Considering leaving due to job pressures		Total
			No	Yes	
		77	56	133	
		% within LoS	57.9%	42.1%	100.0%

6 - 10 years	Count	27	24	51
	% within LoS	52.9%	47.1%	100.0%
11 - 15 years	Count	11	16	27
	% within LoS	40.7%	59.3%	100.0%
16 - 20 years	Count	6	7	13
	% within LoS	46.2%	53.8%	100.0%
Over 20 years	Count	3	11	14
	% within LoS	21.4%	78.6%	100.0%
Total	Count	124	114	238
	% within LoS	52.1%	47.9%	100.0%

Table 6: Association of length of service and consideration of leaving due to job pressures

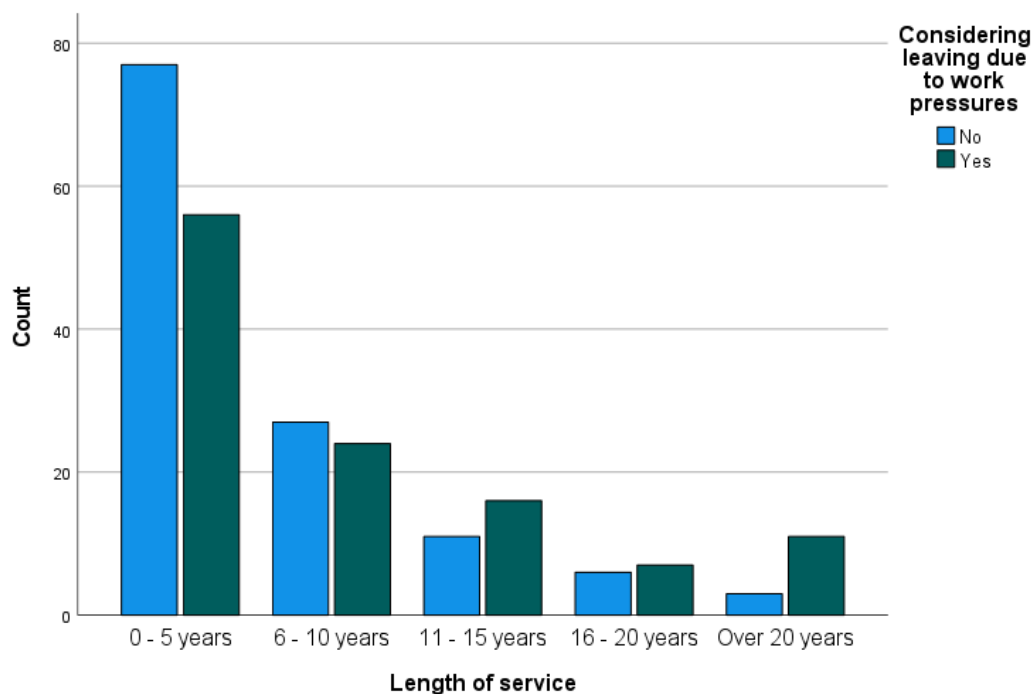


Figure 20: Relationship between respondents' length of service and consideration of leaving due to job pressures

Hence there was moderate distinction between the groups: in general, those with greater years of service are more likely to say that they may leave for this reason than those with 10 or fewer years of service. The association between length of service and work pressures was non-significant ($\chi^2_{(4)}=8.66, p=0.070$), but was substantive.

4.4 Association between pay band and those considering leaving their role: Although Bands 2 to 7 inclusive were represented in the data set, only 3 respondents reported being at Band 2. These were merged into Band 3 to make a combined Band 2/3 category.

There was a slight trend for staff on higher bands to consider leaving. However, the association between band and considering leaving was non-significant ($\chi^2_{(4)}=4.64, p=0.327$). The distribution of responses across bands is summarised in table 7 and figure 21.

		In the previous twelve months, have you considered leaving your current role?		Total	
		No	Yes		
Pay band	Band 2/3	Count	31	51	82
		% within pay band	37.8%	62.2%	100.0%
	Band 4	Count	14	30	44
		% within pay band	31.8%	68.2%	100.0%
	Band 5	Count	15	32	47
		% within pay band	31.9%	68.1%	100.0%
	Band 6	Count	24	77	101
		% within pay band	23.8%	76.2%	100.0%
	Band 7	Count	18	48	66
		% within pay band	27.3%	72.7%	100.0%
Total		Count	102	238	340
		% within pay band	30.0%	70.0%	100.0%

Table 7: Association of pay band and those considering leaving their current role

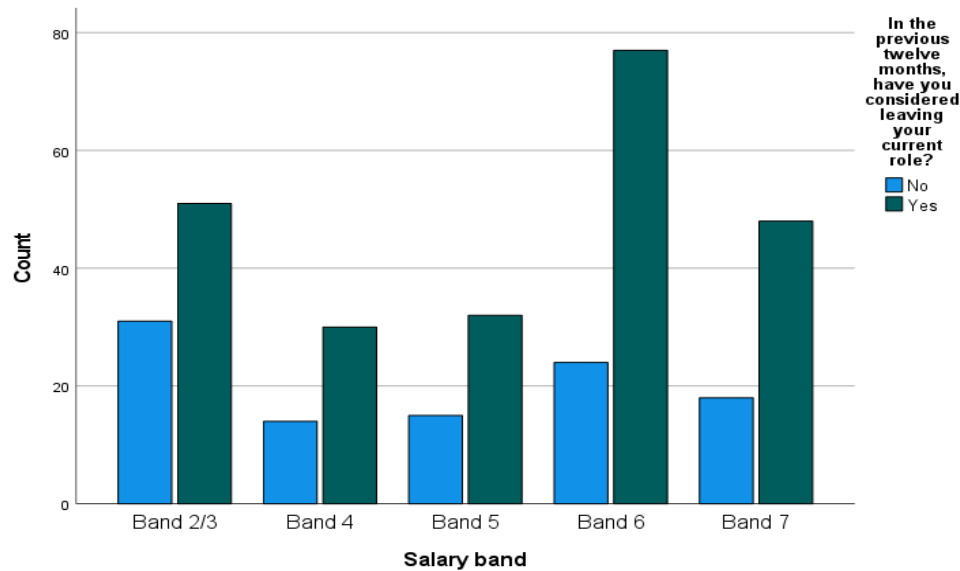


Figure 21: Relationship between respondents' pay band and consideration of leaving their current role

Of respondents who had considered leaving their role within the last 12 months, those who stated that they might leave because their salary did not adequately cover housing and living costs were distributed by pay band as summarised in table 8 and figure 22 below.

Payband	Band	Count	Considering leaving: housing and living costs		Total
			No	Yes	
Band 2/3	Count	8	43	51	
	% within pay band	15.7%	84.3%	100.0%	
Band 4	Count	9	21	30	
	% within pay band	30.0%	70.0%	100.0%	
Band 5	Count	9	23	32	
	% within pay band	28.1%	71.9%	100.0%	
Band 6	Count	22	55	77	
	% within pay band	28.6%	71.4%	100.0%	
Band 7	Count	25	23	48	
	% within pay band	52.1%	47.9%	100.0%	
Total	Count	73	165	238	
	% within pay band	30.7%	69.3%	100.0%	

Table 8: Association of pay band and those considering leaving their current role due to housing and living costs

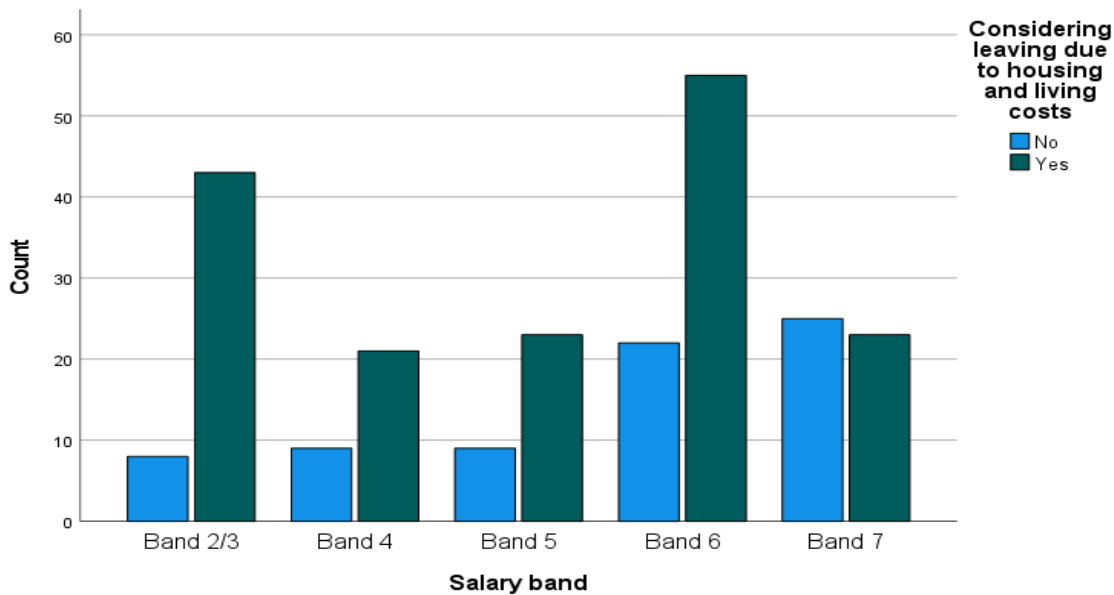


Figure 22: Association of pay band and those considering leaving their current role due to housing and living costs

Hence there was some distinction between Band 7 respondents and other respondents: Band 7 respondents are much less likely to state that they may leave for housing and living cost reasons than those from other pay bands. The association between band and considering leaving for housing and living cost reasons was non-significant ($\chi^2_{(4)}=16.0, p=0.003$).

Of respondents who had considered leaving their role within the last 12 months, responses of those who stated that they might leave because of career development-related reasons were distributed by pay band are summarised in table 9 and figure 23 as follows:

Pay band	Band	Count	Considering leaving: career development		Total
			No	Yes	
Band 2/3	Count	35	16	51	
	% within pay band	68.6%	31.4%	100.0%	
Band 4	Count	16	14	30	
	% within pay band	53.3%	46.7%	100.0%	
Band 5	Count	22	10	32	
	% within pay band	68.8%	31.3%	100.0%	
Band 6	Count	43	34	77	
	% within pay band	55.8%	44.2%	100.0%	
Band 7	Count	26	22	48	

	% within pay band	54.2%	45.8%	100.0%
Total	Count	142	96	238
	% within pay band	59.7%	40.3%	100.0%

Table 9: Association of pay band and those considering leaving their current role due to career progression and CPD reasons

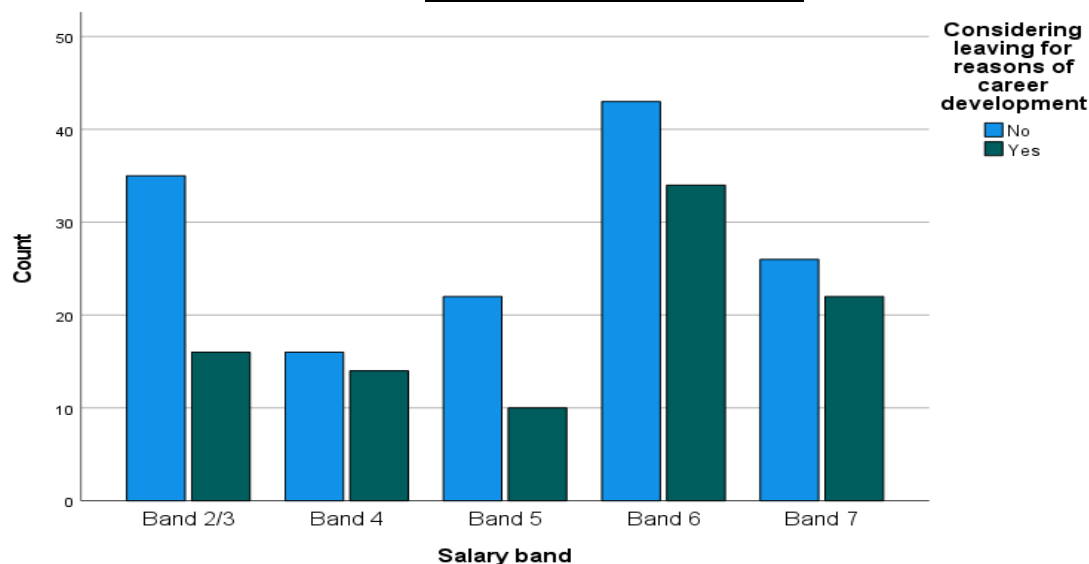


Figure 23: Respondents pay band and those considering leaving their current role due to career progression and CPD reasons

There was no clear pattern, and no evidence for a significant association between band and considering leaving for reasons of career development ($\chi^2_{(4)}=4.37, p=0.358$).

Of respondents who had considered leaving their role within the last 12 months, responses of those who stated that they might leave because of job pressures were distributed by pay band as summarised in table 10 and figure 24 as follows:

Pay band	Band	Count	Considering leaving: job pressures		Total
			No	Yes	
Band 2/3	Count	33	18	51	
	% within pay band	64.7%	35.3%	100.0%	
Band 4	Count	18	12	30	
	% within pay band	60.0%	40.0%	100.0%	
Band 5	Count	17	15	32	
	% within pay band	53.1%	46.9%	100.0%	
Band 6	Count	40	37	77	
	% within pay band	51.9%	48.1%	100.0%	

Band 7	Count	16	32	48
	% within pay band	33.3%	66.7%	100.0%
Total	Count	124	114	238
	% within pay band	52.1%	47.9%	100.0%

Table 10: Association of pay band and those considering leaving their current role due to job pressures

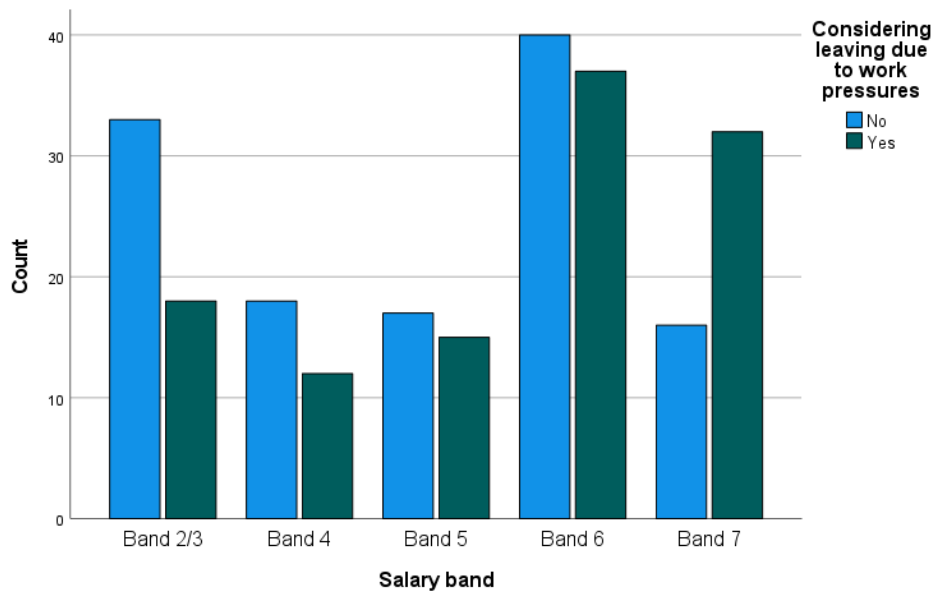


Figure 24: Relationship between respondents' pay band and those considering leaving due to job pressures

A clear pattern was evident of an increasing proportion of respondents considering leaving for reasons of work pressures moving up the banding scale. The association between band and considering leaving due to this reason was significant ($\chi^2_{(4)}=10.8, p=0.029$).

4.5 Association between ethnicity and considering leaving their role: Analysis was conducted on 234 individuals who reported considering leaving their role and who gave a valid response to their ethnicity. Ethnic groups were condensed into White (including White British, White Irish, and other White) and non-White (BAME). Responses distributed across ethnicities are summarised in table 11 and figure 25 below.

BAME	Count	Considering leaving: housing and living costs		Total
		No	Yes	
		3	10	13

Ethnicity	% within Ethnicity	23.1%	76.9%	100.0%
	White	Count	69	152
	% within Ethnicity	31.2%	68.8%	100.0%
Total	Count	72	162	234
	% within Ethnicity	30.8%	69.2%	100.0%

Table 11: Association of ethnicity and those considering leaving their current role due to housing and living costs

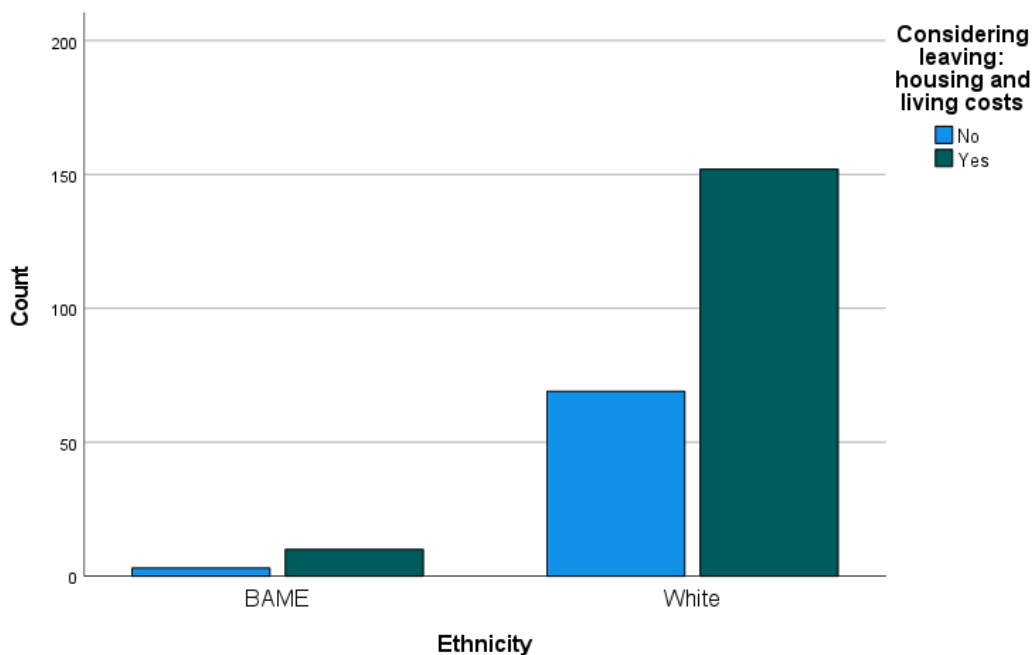


Figure 25: Relationship between ethnicity of respondents and consideration of leaving due to housing and living costs

There was no evidence for an association between ethnicity and considering leaving their role due to housing and living cost reasons ($\chi^2_{(1)}=0.382$, $p=0.536$). There was also no evidence for an association between ethnicity and considering leaving their role for either career development reasons ($\chi^2_{(1)}=0.205$, $p=0.651$) or between ethnicity and considering leaving their role for reasons of job pressures ($\chi^2_{(1)}=2.42$, $p=0.120$).

4.6 Association between marital status and whether respondent has considered leaving the role:

Analysis was conducted on the 234 respondents who reports that they were considering leaving the

profession and gave a valid answer to their marital status. Responses of “separated” and “divorced” were merged into a single category and are summarised across marital status in table 12 and figure 26.

		Considering leaving: housing and living costs		Total	
		No	Yes		
Marital status	Married or civil partnership	Count	42	83	125
		% within Marital status	33.6%	66.4%	100.0%
	Separated/Divorced	Count	5	12	17
		% within Marital status	29.4%	70.6%	100.0%
	Single, never married	Count	24	68	92
		% within Marital status	26.1%	73.9%	100.0%
Total	Count	71	163	234	
	% within Marital status	30.3%	69.7%	100.0%	

Table 12: Association of marital status and those considering leaving their current role due to housing and living costs

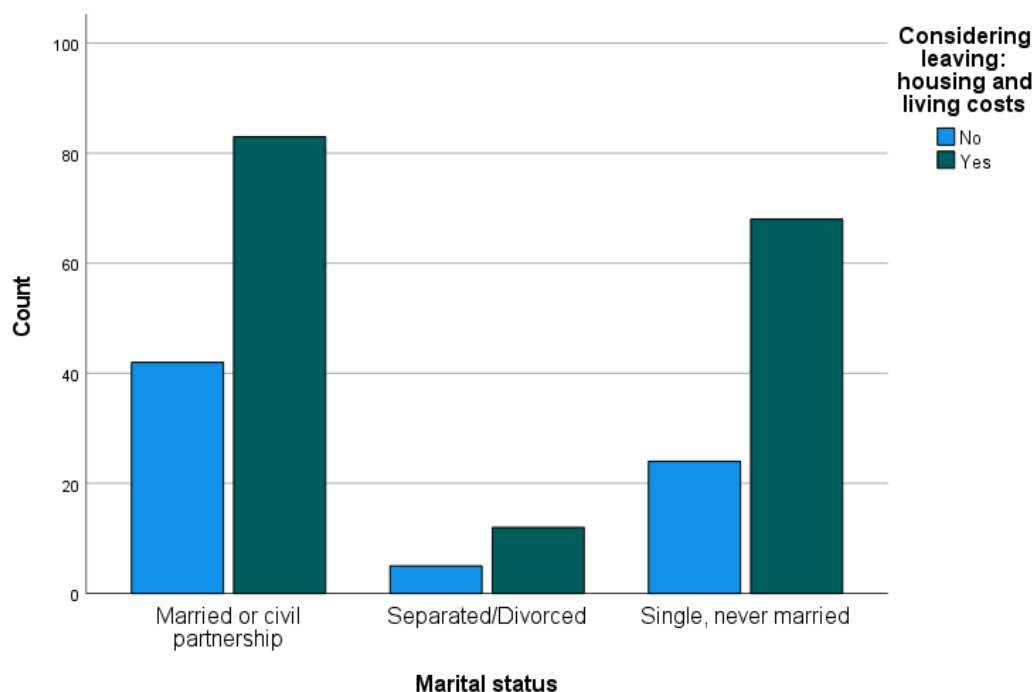


Figure 26: Relationship between respondents' marital status and consideration of leaving due to housing and living costs

There was no clear relationship between marital status and considering leaving the profession for housing and living costs. The association is non-significant ($\chi^2_{(2)}=1.42, p=0.491$). There was also no clear relationship between marital status and considering leaving their role for career development reasons, although a higher proportion of single respondents gave this reason than married or separated/divorced respondents however, the association is non-significant ($\chi^2_{(2)}=3.56, p=0.168$). There was also no clear relationship between marital status and considering leaving for job pressures (responses summarised in table 13), although a higher proportion of married respondents gave this reason than single or separated/divorced respondents. The association was non-significant ($\chi^2_{(2)}=3.01, p=0.222$).

Marital status			Considering leaving: job pressures		Total
			No	Yes	
Marital status	Married or civil partnership	Count	59	66	125
		% within Marital status	47.2%	52.8%	100.0%
	Separated/Divorced	Count	11	6	17
		% within Marital status	64.7%	35.3%	100.0%
Single, never married	Count	52	40	92	
	% within Marital status	56.5%	43.5%	100.0%	
Total	Count	122	112	234	

% within Marital status	52.1%	47.9%	100.0%
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Table 13: Association of marital status and those considering leaving their current role due to job pressures

4.7 Association between having children and considering leaving their role: Analysis was conducted on the association between having dependent children and considering leaving their role. There was no significant difference in intentions of the groups who did, or did not, have dependent children ($\chi^2_{(1)}=0.145$, $p=0.703$). Responses are summarised in table 14.

			In the previous twelve months, have you considered leaving your current role?		Total
			No	Yes	
Children	No dependent children	Count	58	130	188
		% within Children	30.9%	69.1%	100.0%
	1 or more dependent children	Count	44	108	152
		% within Children	28.9%	71.1%	100.0%
Total	Count	102	238	340	
	% within Children	30.0%	70.0%	100.0%	

Table 14: Association of number of dependent children and those considering leaving their current role

Analysis was also conducted on 234 individuals who reported considering leaving their role and who gave a valid response to the item relating to whether or not they had 1 or more dependent children. There was no evidence for an association between children status and considering leaving their role for housing and living costs reasons ($\chi^2_{(1)}=2.18$, $p=0.140$). There was also no evidence for an association between children status and considering leaving their role for reasons of career development ($\chi^2_{(1)}=2.42$, $p=0.120$). There was also no evidence for an association between children status and considering leaving their role for reasons of job pressures ($\chi^2_{(1)}=0.036$, $p=0.849$) – in fact, proportions who stated that they were considering leaving for this reason were almost identical in respondents who did, and did not have children.

4.8 Association between having caring responsibilities and considering leaving their role: Analysis was conducted on the association between having caring responsibility and considering leaving their role. There was no significant difference in intentions of the groups who did, or did not, act as carers ($\chi^2_{(1)}=1.29$, $p=0.256$). Responses are summarised in table 15.

		In the previous twelve months, have you considered leaving your current role?			
		No	Yes	Total	
Respondents who help or support to, anyone because they have any long-term physical or mental health conditions or illnesses, or problems related to old age? (Carer role)	No	Count	86	188	274
		% within carer role	31.4%	68.6%	100.0%
	Yes	Count	16	50	66
		% within carer role	24.2%	75.8%	100.0%
Total	Count	102	238	340	
	% within carer role	30.0%	70.0%	100.0%	

Table 15: Association of number of caring responsibilities and those considering leaving their current role

Analysis was also conducted on 234 individuals who reported considering leaving their role and who gave a valid response to the item relating to whether or not they had caring responsibilities. There was no evidence for an association between caring status and considering leaving their role for housing and living cost reasons ($\chi^2_{(1)}=0.052, p=0.819$). There was also no evidence for an association between caring status and considering leaving their role for reasons of career development ($\chi^2_{(1)}=1.06, p=0.304$). There was also no evidence for an association between caring status and considering leaving their role for reasons of job pressures ($\chi^2_{(1)}=0.112, p=0.738$).

Chapter five

Findings: Staff and their lived experiences

5.0 Introduction

This, the final section of the findings explores further the cost of living situation for staff working across the BOB and Frimley Health and Care ICS. When exploring cost of living, we discuss the findings in relation to staffs' perception of the current financial climate and how this impacts on them, their work, health and wellbeing and quality of life at home.

Here we present the survey data and begin to weave in the qualitative synthesis through the interview findings whilst also presenting individual case studies of staff (names are anonymised).

Key learning points:

- 58.8% of respondents perceived that their salary did not cover their housing costs and 67.6% of respondents perceived that their salary did not cover lifestyle expenditure.
- 68.3% of respondents said that over 60% of their salary is needed for housing costs.
- 77.9% of respondents have had to make difficult decisions about their finances recently for example prioritising food for children, moving house and delaying retirement.
- A significant, higher frequency of those dissatisfied with their current housing situation had considered leaving their job ($p=0.028$).
- The mean commuting time per week was 3.57 hours (SD 2.97 hours) in those considering leaving the profession and 3.67 hours (SD 3.09 hours) in those not considering leaving the profession. The effect (0.10 hours) was non-significant ($p=0.773$).
- Many participants seem to rely on their car to commute to work as public transport links are not readily available around their shift patterns.
- There was no significant difference in HCAS and intentions to leave however a substantively greater proportion of respondents who were not in receipt of HCAS reported considering leaving for housing and living cost reasons ($p<0.001$).
- Only 20.6% of respondents have enough disposable income to save money while 63.2% do not. 45.2% of respondents work extra shifts to accommodate the increasing costs of living with 21.8% do not currently work extra shifts but intend to in the near future.

5.1 Cost of Living: Salary

Respondents were questioned on their perception of their current salary adequately covering their housing costs. This specifically referred to mortgage/rent payment, council tax, utility bills and Wi-Fi costs. More respondents (58.8%; n=200) answered negatively i.e. they disagreed or strongly disagreed that their salary covered these costs. Only 21.5% (n=73) of staff answered positively i.e., they agreed or strongly agreed and 19.7% (n=67) presenting a neutral response (figure 27).

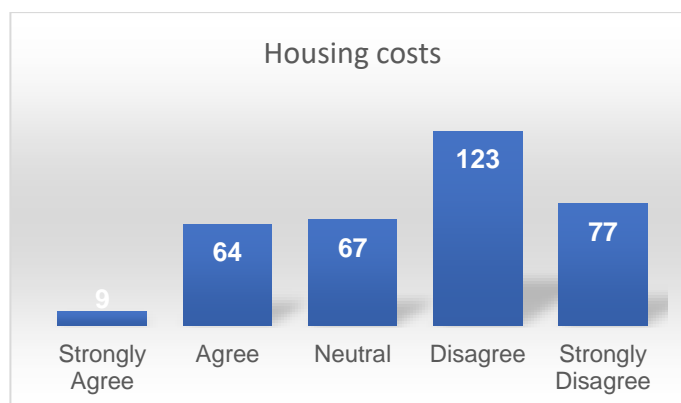


Figure 27: Respondents perceptions of their current salary adequately covering their housing costs.

In an attempt to quantify staffs' financial position, respondents were asked approximately how much (in percentage) of their salary was needed to contribute to their housing and living costs. 89% (n=303) gave an admissible response. The largest group (38.3%; n=116) stated 61-80% of their salary went towards housing and living costs, 19.8% (n=60) said 41-61%, 16.2% (n=49) said more than 100% of their wage was required to cover these costs (figure 28). Many respondents, particularly those providing the higher percentages of responses explained that most or all their salary was needed to pay for housing and cost of living, and it was only possible to manage because of either combining outgoings with their partner wages, the support of their parents, or because of shared living arrangements.

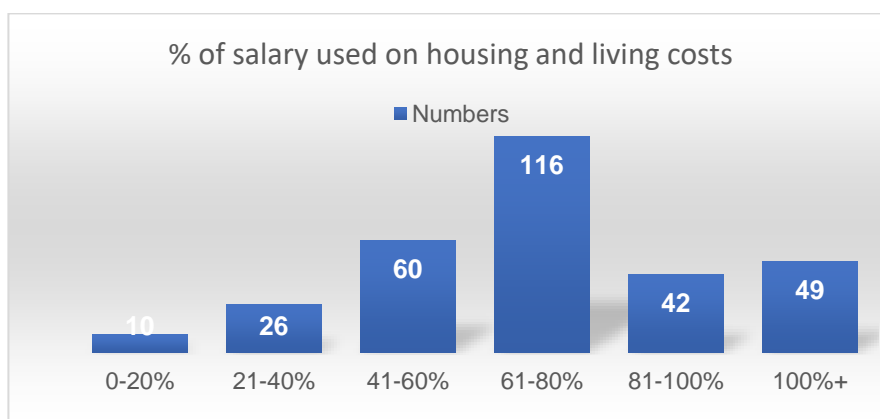


Figure 28: The percentage of respondents' salary required for housing and living costs (n=303)

Exploring financial situations further, respondents were questioned on their perception of their current salary adequately covering their lifestyle expenditure and this included eating out, socialising, gym membership, Netflix subscription. Even more respondents, (67.6% answered negatively that their salary covered these costs with only 12% of staff answering positively and 20.6% presenting a neutral response to this question (figure 29).

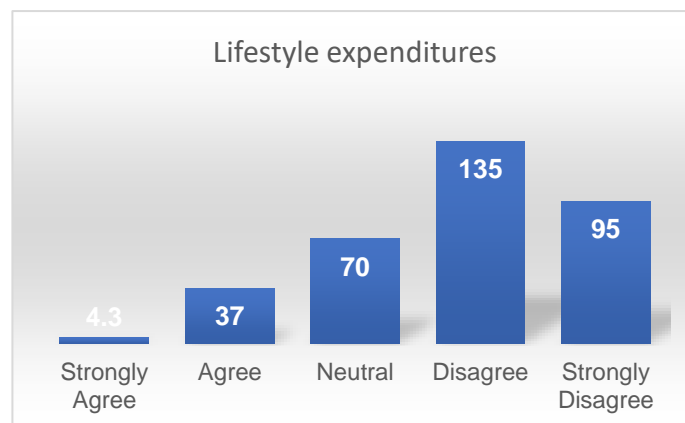


Figure 29: Respondents perceptions of their current salary adequately covering their lifestyle expenditure.

Reflecting on the current financial situation, during the interviews most participants discussed the impact of the current increase in cost of living which has presented a significant change in circumstances due to the increase expenditures needed alongside the comparative lack of increase in their salary:

'... is anyone ever super happy with their financial situation? Obviously feeling the pinch an awful lot more than we were ... yeah, quality of life has completely changed and the process of having to make lots of like kind of big decisions that we weren't really planning to be having to make.' 093238:6

'... now I am having to think about what it is I spend my money on. Whereas, you know, a few months' ago, say six months ago, I didn't ever care, it didn't bother me, it was fine, you know, everything was fine...' 110248:7

Exploring specific areas of concern participants highlighted the well-publicised areas of increased costs in essential expenditures such as rents and mortgages, energy and fuel and food bills which, despite being more careful with spending left them challenged:

'... my heating bill was eighty-five pounds a month, it's now two hundred and forty pounds a month. My shopping bill has gone up, even though I've reduced like the brands or the variety of food that we eat ... So, no [my salary] doesn't quite meet it and like I say we can reduce our extras on our lifestyle, but if you take it as to what I was spending, what I was doing six months ago and if I wanted to carry on doing that now, no I can't, it's just not affordable now...' 133712:7

'You've got to budget really well, often left with nothing, you know, you're rationalising every penny and you try and make monthly payments where you can... My fixed contract ends (gas and electric) in June, and I can quite honestly say I am absolutely scared [expletive!] when that ends.' [135914:3](#)

'We're just about to re-mortgage and we're going to have to absorb that loan as well. So, we've had lots of conversations and we're thinking about what impact could that have and our mortgage payments could possibly double...' [100602:7](#)

Survey respondents were asked if they had to make any difficult decisions about how to prioritise their expenditure, 77.9% (n=265) provided a positive response 9.4% (n=32) provided a negative response and 13.5% (n=46) remained neutral (figure 30).

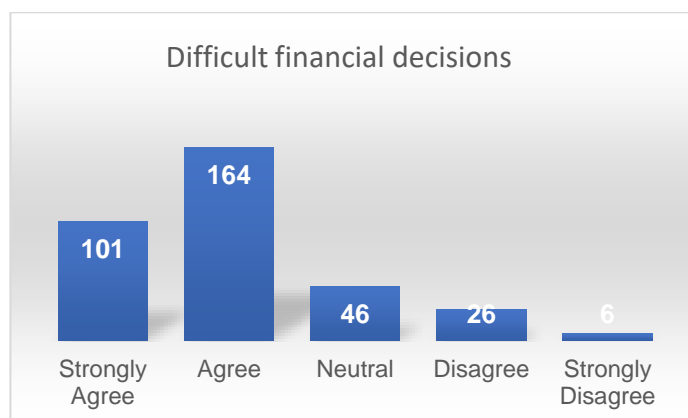


Figure 30: Respondents perceptions of making difficult decisions about how to prioritise their expenditure

Some examples of difficult situations that left some participants struggling to prioritise essential spend:

'...it is now, the thirteenth [of the month], I've got less than a hundred pound in my bank account. I've got to feed my kids, I've still got to get to work, you know, which do I prioritise?' [093020:6](#)

'I worry that if my car breaks down or the cat needs to go to the vet or something, I can't afford that, like what do I do? [What would you do?] I genuinely don't know, I don't know if I like, I mean my mum's not rich, she can't really contribute, but I don't know if it would be, I'd have to ask her, I would have to try and see if the garage or the vet would do like a payment plan, it's hard.' [130646:4](#)

An international colleague reflected on no longer being able to afford to make the journey home to see their family which ultimately made them think about whether they wanted to

stay living and working in the UK:

'So [choosing] like whether I actually stay in England, because obviously I'm not from here and the cost of going back to see my family. Whilst I only go back every kind of three to four years, it's just no longer affordable for me. I just can't afford to see my family anymore, which yeah, is obviously quite a big thing. Whereas, you know, pre-Covid, yes it was expensive, but I had more money, more kind of disposable income... Whereas now it's just, yeah, ridiculous...' [093238:6](#)

Whereas another participant simply stated '*...I was hoping to retire in five years... I won't be retiring now...*' [133712:7](#)

Many participants however reflected how the cost-of-living situation was impacting on everyone across the country and how comparatively, many of them were in a very privileged position recognising the security that working within the NHS provided:

'...its impacting on everyone really isn't it, the cost of everything is going up, wages aren't. I think probably relatively privileged because I do have a full-time job and whilst the NHS wages aren't fantastic, they're certainly higher than, you know, other potential places to be working...' [093238:6](#)

'I do feel very lucky, I am very fortunate, you know, I do have a mortgage, I am able to pay the bills that I need to pay. So, I do consider myself incredibly fortunate. I am able to feed myself and my family and I'm able to maintain a roof over my head. So, I'm rich compared to a lot of people in our country and across the world. So, I'm very thankful for that.' [100602:7](#)

Polly works as a Band 4, Health Care Support Worker and has worked in the organisation for around fourteen years. She is separated and has two older children 19 and 20 who live mainly with their father. She is doing extra shifts (approx. 6 to 11 hours extra each week) but worries how she will cope if the availability of that stops. Her father lives in Southampton and a visit costs her £20 £30 in petrol so that is now limiting the number of times she can go to see him.

She really enjoys her current role. She can walk or drive as she only lives a couple of miles from work. She owns her own house with a mortgage, this takes about 55% of her wage. She feels in recent months she has much less money to do anything with. Each month she finds she is using her credit card more and more to buy food and other essentials to see her through to the end of the month. She worries that *'it's going to be a slippery slope into a lot more debt'*. She is trying to budget but worries about extra spending at Christmas and birthdays. Any additional spending or unexpected bills have to go on the credit card as she has no savings. One example being that recently her toilet broke, and she had to manage flushing it with a bucket of water for a while but then ended up paying the repair bill on her credit card. She also has not turned her heating on [in January], her routine includes having a shower not long after she gets in to keep warm then she puts on layer on layer on layer and uses quilts to put over her lap while she sits and watches TV.

When she meets her children, she tries to go out, so she doesn't have to put her heating on. She has a painful shoulder/rotary cuff tear and needs to visit a private chiropractor but this costs £43 and although this treatment is essential as the injury could get much worse if not managed and could prevent her from working, she is having to reduce the number of times she attends the chiropractor as she says it is just too expensive. She is unable to get any financial support from work as it is not an injury that's been caused at work or related to work.

Her current situation does impact on her mental health in her words *'it is really very depressing'*, she really doesn't want to leave her current role but is seriously considering it as she has friends in the 'private sector' who are taking home double the amount she is, in jobs that she has the qualifications and experience to do.

Example case study: Polly

5.2 Accommodation

Respondents were asked about their accommodation situation, beginning with who they lived with. 37.9% (n=129) lived with their partner and children, 24.7% (n=84) lived with their partner, 13.5% (n=46) lived alone, 8.2% (n=28) live with their parents, 6.5% (n=22) lived with friends or house share whilst 4.7% (n=16) lived with their children (figure 31).

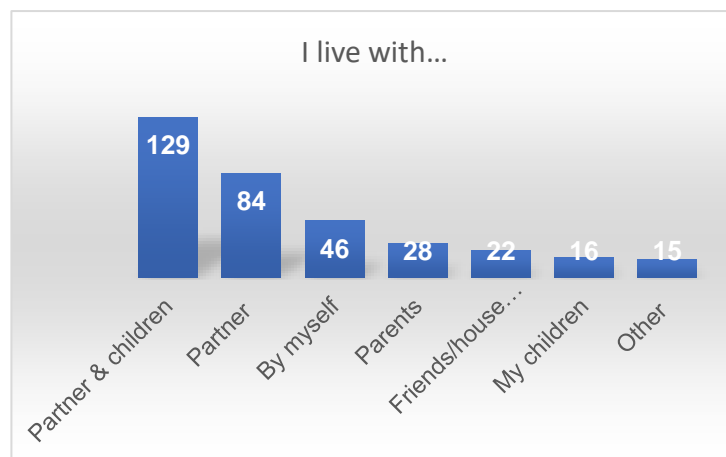


Figure 31: Respondents current living situation

Respondents were then asked if they liked their current housing situation. 63.7% (n=217) provided a positive response, 14.1% (n=48) provided a neutral response whilst 22.1% (n=75) provided a negative response (figure 32).

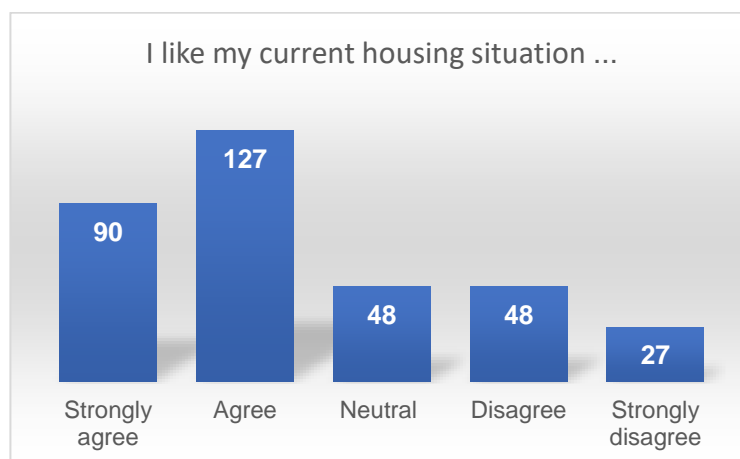


Figure 32: Respondents liking of their current housing situation

The analysis of association between satisfaction with accommodation and considering leaving their role is represented in table 16 and shows that a higher frequency of those dissatisfied with their current housing situation had considered leaving their job. The association was significant ($\chi^2_{(1)}=4.81$, $p=0.028$).

			In the previous twelve months, have you considered leaving your current role?		Total
			No	Yes	
Like current housing situation	No	Count	28	95	123
		% within like current housing situation	22.8%	77.2%	100.0%
	Yes	Count	74	143	217
		% within like current housing situation	34.1%	65.9%	100.0%
Total	Count		102	238	340
	% within like current housing situation		30.0%	70.0%	100.0%

Table 16: Association between satisfaction with accommodation and considering leaving their role

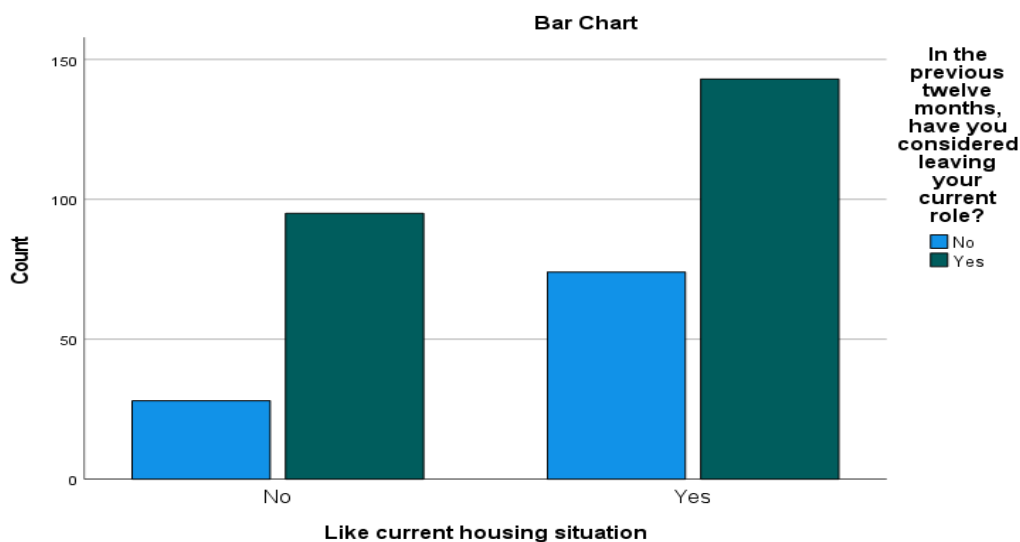


Figure 32: Respondents satisfaction with accommodation against considering leaving their role

Exploring further the reasons for satisfaction with their housing situation with interview participants, increasing costs were the key influence informing the decisions to them considering leaving; we heard many accounts of increased cost of housing from mortgages to essential bills informing their decision to move out of the geographical area:

'... we are thinking about downsizing our house at the minute because our mortgage is two thousand seven hundred pounds a month and we don't need a house as big as we've got and

so we could easily have sold it, downsized, got rid of our mortgage, or had a very small mortgage and affording stuff would be a lot easier.' [110248:7](#)

'...despite the fact that me and my partner are both on relatively good wages, we can't afford to live here. So that's going to mean one of us, because we're kind of in the middle of both of our works at the moment, so it takes both of us about an hour to get to work, but in opposite directions. So we're kind of thinking that one of us is going to have to change jobs and its likely to be me ... its easier for me to change jobs than it is for him....' [093238:6](#)

Highlighting the current financial position and being a first-time buyer within the area, the next participant discussed the affordability and trying to get on the housing ladder for the first time in the BOB and Frimley Health and Care area:

'So local people, unless you're on the property market like we were ... nobody can afford to live in (City) on the wages... if we moved into the area now, we wouldn't be able to afford the house that we live in...' [090423:6](#)

Participants reflected the financial challenges that faced colleagues with one income in comparison to colleagues who shared the financial household income with others:

'I get so frustrated that all of the people commenting are all in relationships and all have two incomes coming in and I'm like I get your issues, but I have one income coming in and I'm drowning here, literally, every month I'm drowning. It's just like frustrating that... its just a horrible situation to be in. I thought that by the time I was [late thirties] I'd have my stuff together...' [093020:6](#)

Exploring choices and potential solutions for many often led to challenging decision making and financial compromises:

'But I'm looking to potentially make a decision of moving, trying to weigh up if I could get a little bit closer, would I offset the money of travelling to and from work, just paying a little bit more money on the rent, trying to work out which one would be better. My [rental] contract is up end of March, so I'll be making those decisions, I've been starting to think about that, what to do for the best.' [133809:7](#)

There were also those who were challenged with their current living arrangements yet felt that their options were limited for various reasons for example family commitments:

'...the reason actually we were staying in that house in (local) area, that house is a bit smaller, but we just stayed because we wanted to send them to grammar school. As soon as they finished grammar school, when they selected the university, we will move...' [110829:6](#)

Similarly, feeling that their options were limited the next participant had undertaken some research before attending the interview and presented the financial challenges faced by staff in the area:

'I actually did a bit of research when I was going to be doing this with yourself and its, if I was starting out wanting to buy somewhere the average property in this area is £269k. On my salary I could only borrow £143,870. So, I would not be able to buy a property in this area. Now even if I was to decide right that's it, I'm going to rent, now I'm bringing home just on my salary round about the £2,500. But the average rental in this area is £1,300. So, you know, if I wasn't in the situation that I am, I would not be able to make ends meet. You know, without my pension I would not be making ends meet and I feel very angry, frustrated, annoyed, that I was more or less forced into the situation because of finances that I had to do that...'

160218:6

Several participants discussed in detail some of the compromises that they felt that they needed to make with their current housing position to stay working in the area:

'... the current housing is affordable, obviously the cost of it has just gone up, ... I mean we don't have a lot of space, we basically live in like one room, but its affordable, so that's why we're still here.' 093238:6

'... I'm here on my own [in shared accommodation] so I'm not really cooking and also the share kitchen makes things a bit hard... I'm really fed up with cleaning up after everyone else ...' 133125:3

'I would love to be able to afford to live where I am on my own. I don't like my housemate, it's not a good match at all. But I have to [stay] because I can't afford to live on my own...' 135914:3

And finally, the next participant felt that if the current financial situation did not improve that they would have to move to a more affordable area:

'But if it's going to go even worse [cost of living] we were going to consider moving somewhere up north where its much cheaper, where at the moment we could afford a house...' 120343:7

5.3 The commute

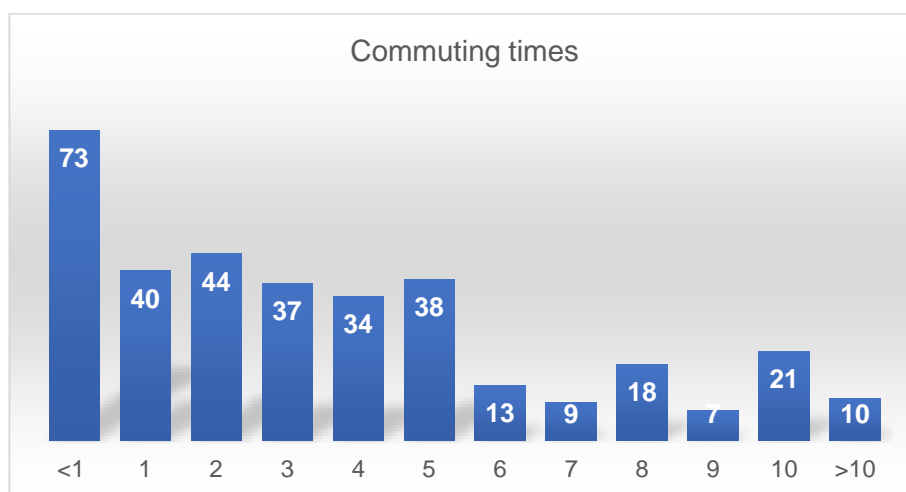


Figure 33: How many hours week respondents typically spend commuting to work?

Exploring how many hours that respondents spent commuting to work 21.5% spent less than an hour (figure 33), 24% spent 1 and 2 hours commuting, 20.9% 3 and 4 hours, 41.8% 5 and 6, 7.9% 7 and 8 hours, 8.2% 9 and 10 hours and 2.9% of the respondents spent more than 10 hours a week commuting to work.

An independent samples t-test was conducted to compare commuting times in those who were, and were not, considering leaving the profession. The mean commuting time per week was 3.57 hours (SD 2.97 hours) in those considering leaving the profession and 3.67 hours (SD 3.09 hours) in those not considering leaving the profession. The effect (0.10 hours) was non-significant ($p=0.773$).

Linking the interview feedback many of the participants indicated that utilising public transport was limited due to inaccessibility in the areas they lived or availability at the times they required the services to undertake unsocial hours and shift work. This therefore restricted their options, and most had to use their own car:

'... so I drive... there are no regular buses or any other form of transport, like there's no train station near me... so it's literally I have to take a car to work. The train station is probably six miles away...And then the buses, I mean I do a lot of six am starts ... and I don't think there's any buses ... at that time in the morning. So literally I have to drive.' 093020:6

'Unfortunately, car for me is the only option because of the village that I live in doesn't have public transport links...' 130646:4

The next participant highlighted their challenge with the distance between the available key worker accommodation and their work base:

'...I'm quite far from [work] but this was the closest key workers' accommodation I could find. I'm commuting to work, that's a twenty-four mile journey every day ... I can't use public transport because of the shift patterns...So there are no [public transport] services running in the night... there are daily bus services, which are fine during the day, but if it's a late shift or an early morning shift its not viable. Same applies to trains. I try to minimise my car use...'
[133125:3](#)

A further rationale for using the car for one participant was the safety concerns on part of the journey that they would need to take by foot:

'... if it wasn't for a case that I had to carry my laptop with me to take in there when we're hot-desking in there, it's called agile working isn't it, you know, when it is daylight I could walk and it would probably take me about the same time to walk as it would to go in the car because there's a shorter route but it involves going underneath the railway bridge, pedestrian railway bridge and it's not a very nice area to be walking through when its dark...'
[160218:6](#)

The challenge to commuting to work in a car in the current financial climate was fuel costs. Both of the following participants discussed moving out of the area to save on housing costs, which increased the length of the commute but now they faced worries about the increase in fuel costs:

'...I just found that it was a lot cheaper than if I stayed in the area. It just meant that I needed to drive a little bit further, which wasn't a massive issue, but now obviously with fuel prices going up I'm really noticing the impact... previously I had to refuel once every two weeks, now it's literally on a weekly basis ... it just doesn't last that long.' [120343:7](#)

'...I'm going to be moving forty minutes, rather than five minutes away from work. So, although we are going to be slightly better off per month [because of the reduction in housing costs], I am going to have an increased fuel cost because I'm going to have to commute backwards and forwards from work...' [133712:7](#)

One participant discussed a review in the potential allocation of shorter shifts increasing the number of days that they would need to commute to work, leading to concerns on the increased costs of this review:

'... we're having a rota review, so like one of the considerations is that they do shorter shifts, so they will have to come in on more days to make up the same amount of hours, because currently some of the [staff] work twelve hours and one of the arguments was well that's going to increase the fuel costs considerably...' [133809:7](#)

And finally, the financial dilemma for some staff who have the opportunity to work at home

or work at base:

'... but actually, for me to travel to the office I might as well just stay at home, but then that's a cost, so there's a cost implication to drive into work, there's a cost implication for me to do my work from home because of the electricity and if I turned the heating on...' 150253:6

Precious is an internationally educated staff member who had 17 years of clinical experience and Most recently working in a managerial role in [a country in Africa]. She arrived in England in May 2021 and has been working full time as a band 5 since August 2021. Her husband was already working in England (nearby trust) before she made the '*difficult decision*' to migrate to England. In her words, she struggled initially with integration as although her partner is living and working in England, her three children ages, 10, 6 and 4 are still in Africa with relatives.

The initial plan was to live with her husband in England, but she was unable to get a job in the same organisation. Once starting work she found the commute to her current employment too difficult to manage as she had to take a bus to the railway station, then train and then a bus again to the hospital. So, she moved into rented shared accommodation and now lives separately from her husband and to reduce the commute time. The cost difference was almost the same, as she was spending around four hundred and sixty pounds a month on transport but prior to the move, she had to set off for an early shift at 3am which she reflects wasn't good for her health.

She now lives in a privately rented shared house with three men with one kitchen and one toilet which she is not comfortable sharing with males. She needs to send money home to support her children and despite her and her husband trying to do extra shifts to compensate their basic salary she does not feel their current joint income is able to sustain this. She has to prioritise any spend on food and cannot buy anything she sees as non-essential such as clothes.

She sees her husband when she is off duty but appreciates this is not long-term solution. Sometime in the future their plan is to bring their children to England but are aware that they have a lot to sort out before then. Her husband is contractually tied to working for his current organisation for several years. She feels like they do not have any other choices other than their current arrangements, certainly in the short term.

She reflected on the current cost of living and how she was not aware how high this was before she arrived in the UK. They cannot currently afford to go home to see their children. Her and her husband have debated if they should stay or go back home, Precious reflects: '*I'm really on the point of indecision ... I don't know whether I want to go back or I want to stay... you ask yourself is it worth it ... is it worth the struggle...*'

Example case study: Precious

5.4 Planning for the future

Respondents were questioned about having enough disposable income to allow them to save money in order to change their current circumstances or plan for their future; 20.6% (n=70) provided a positive response, 16.2% (n=55) a neutral response and the majority 63.2% (n=215) of respondents provided a negative response (figure 34).

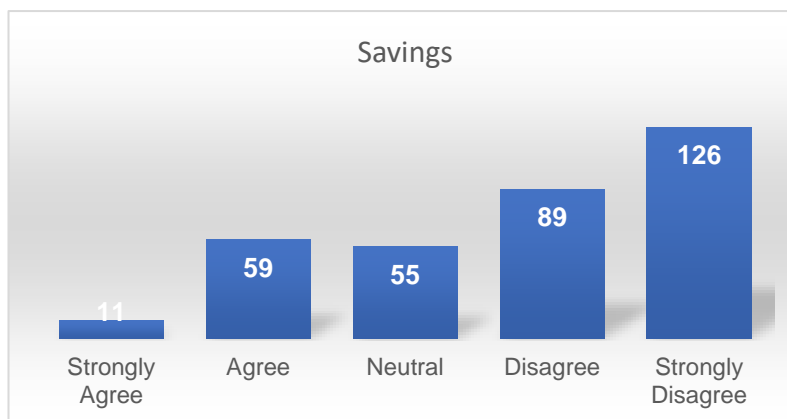


Figure 34: Respondents perceptions if they have enough disposable income each month to save money

Several participants linked their financial challenges to restrictions in forward planning and or changing their current position:

'... it's enough money to live, but I would say if I would like to buy my own place, start thinking about a family, think about the kids, all that stuff, that [band 7 salary] definitely wouldn't be enough. So, all our plans are a little bit on hold because of that.' [120343:7](#)

'... my husband and I have been together for thirty-six years... we have worked really hard to get where we are now, to give ourselves the lifestyle that we wanted to have when we get to this age... [to] be able to do all those things that we had dreamed of doing when we were younger ... we worked hard to get to that state and it just feels that it's been pulled out from underneath us ...' [133712:7](#)

'I don't have any savings, I don't have any chance for, you know a huge inheritance or something. So, in the long term I can't see any changes...' [133125:3](#)

One participant was asked if buying their own house an option with the following response:

'Are you having a laugh? Like literally, like anyone I think at the moment, getting a mortgage, your whole wage would be just your mortgage because of the interest rates. But there is no chance. It's okay for the rich, but for the mediocre and the poor, we've got no chance, not a chance in hell...' [135914:3](#)

Similarly:

'I feel like my current expenses are covered, but there's not much flexibility and for example if I found somewhere that I want to move out to, which is a goal of mine, I wouldn't be able to afford it at all. So, it feels limiting...' [130646:4](#)

The challenging financial climate left many participants discussing as a consequence their worries about balancing their bank account, unexpected bills and accumulating increasing amounts of debt:

'... we just got paid today, I'm sort of between three hundred and fifty, four hundred and fifty quid owing on my credit card, which I've been using to buy food and things like that... I've just got paid... towards the end of this month I'll be using my credit card again and then having to pay that off straight away and I don't know, it's just, I'm hoping it's not going to be a slippery slope into a lot more debt... I want to go food shopping tonight, not for the whole month, but you know, get tins of stuff and bread I can freeze and things like that. So I suspect I'll be on my credit card soon, sooner rather than I hoped...' [100403:6](#)

'I had an issue and I had to borrow from my sister, which was not ideal, I'm still repaying that money to her. So yeah, yeah, that's how I, but it would be, so I really don't want to ask for more, so I don't know how I would manage it...' [133125:3](#)

'... overdraft, or bank of mum possibly, so... at fifty-three years old, I shouldn't be going to bank of mum, should I?' [090423:6](#)

'But you know, at my stage of life, I shouldn't have to be doing that [working to pay off debt], when I've worked all the way through since 1979. I think now should be a time when the big things have been paid off and I shouldn't have to be doing that...' [160218:6](#)

The next participant reflected how strict management of their family finances and benefitting from NHS discounts allowed them to control their current situation:

'I've got enough stress, we've got enough stresses in our life as it is, juggling what we juggle. So yes ... you cut your cloth, you live within your means. So if you have to forego certain things, you have to forego it. If we have to look at different brands for certain products that are just as good, and we do that, you know, we get on the Money Saving Expert and look at all the different advice, use our NHS discounts left, right and centre, thank goodness in some ways I have that facility actually.' [150253:6](#)

Maybe controversially, one participant reflected on their perceived expectations on colleagues and their spending habits:

'I see people moaning about the cost of living and then the next minute you look at them showing a picture on Facebook of them at Costa Coffee and they've been out here, and they've been out there. So I think it's the different expectations that people have now. You know, I can't afford, we can't afford to pay the bills, yet I can't do without Netflix and Sky TV, or, and that kind of thing and I just think people possibly need a bit more looking at what's really important. That's, maybe, that's my opinion but I think there are people who might not agree with that, but I do see quite a bit of it.' 113056:6

5.5 Coping: Overtime shifts

In the survey 45.2% (n=154) of respondents reported that yes, they do, whilst 32.9% (n=112) reported they do not work extra shifts to accommodate the increasing costs of living. In turn, 21.8% (n=74) do not work additional shifts but do intend to in the near future (figure 35). Additionally, BOB and Frimley Health and Care ICB reported significant numbers of staff are regularly working 60-90 hours per week, significantly above the hours dictated by the Working Time Directive.

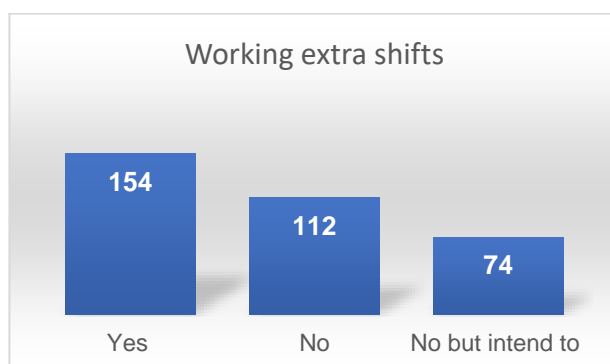


Figure 35: Respondents who are now working extra hours to accommodate the increasing cost of living

Several participants discussed how working additional hours was the only way they were able to avoid debt:

'Whereas my usual wage, I would say without un-socials I have to do at least two overtime shifts a month to actually be able to pay for things...I've got to choose do I see my kids or do I try and get money for the kids... so I've just spent the last two days doing overtime.' 093020:6

'A couple of months were really hard because we couldn't get on socials ... I had to borrow just to buy food and stuff, so that was a bit hard and its still an ongoing thing...' 133125:3

However, the impact of those extra shifts in addition to the full-time roles were highlighted in the discussions:

'... with just doing the six shifts that are mainly twelve hours, I'm exhausted. I don't think like if you're doing six twelve-hour shifts in a row, at the end you're not thinking straight, you're

not making, you know, probably the best decisions that I could make. So, without a doubt I do think it has an effect... [093020:6](#)

'I was thinking to go to hospital and doing bank shifts, so then I can get more income. But I've done a couple of shifts, but it was so hectic and tiring after five days' work and then the weekends also...' [110829:6](#)

'... I've picked up even more overtime, I don't know, it's just never ending.' [093238:6](#)

Keeping in mind the pressures on NHS staff, one participant reflected that more recently in their organisation that the number of staff undertaking overtime had reduced which in turn had a negative impact on the reduced income:

'... overtime levels take up have drastically dropped, because people are tired and then if they can't do the overtime because they're too tired to do it, then they stress about the fact that they haven't got the money coming in. That makes them more tired, so they're less likely to do more overtime and then the illness and sickness levels go up. So it's just trying to find the balance really...' [110248:7](#)

In turn, the following participant reflected on the high turnover of staff in their organisation, suggesting that the comparative wages in the private sector alongside the reduced pressure of working in the NHS were the factors that pulled staff to leave:

'... there is a very high turnover and to be fair you can earn the same wages with far less responsibility and far less pressure and far less workload... it's hard to compete with private sector, which are the same hourly wages... but pressures on [NHS services] is extreme ... I keep thinking that for the same hourly wage if you can do, I don't know, a far easier job.' [133125:3](#)

Peter is a band 3, a graduate originally from an EU country who came to the UK because of 'issues' in his country. He has previously worked in the NHS 'up north'. His partner and step daughter still live in his [country of origin] and he hopes they can join him in the UK at some point. Career wise, he is hoping to access an apprenticeship to specific health programme in the future but in his words that doesn't seem achievable at the current time.

He is very happy at work and really enjoys his role, particularly because of his '*lovely manager and work colleagues.*' Although he finds the role challenging quoting staff turnover as the major challenge, he sees lots of staff leaving because of the living conditions in his words '*it's very hard to sort your basic needs here as the living costs are significantly more expensive and that was before the recent effects of all the wars and all the inflation going up.*'

He currently lives in shared housing association accommodation with 3 other people which provides nice but basic conditions and costs £700 with essential bills included. He also has to pay for parking and internet charges. He also has his car insurance, tax and fuel, is repaying a student loan, phone bills, TV licence, internet. He does not go out or buy anything non-essential. He earns £1200/1300 per months so relies on additional shifts to cover his basic costs. When he first moved to the area, he was unable to work these additional shifts so had to borrow money just to buy food.

His current commute is a 24-mile journey which takes approx. 35 minutes to an hour each way. He is unable to use public transport due to shift times so travels to work in a 'very rundown car' which the MOT is due soon and he worries where the money will come from for those repairs. His heater is broken in his car, and he cannot afford to fix it. Any additional essential spend takes him into his overdraft.

He tries hard to budget food but struggles to store food as he has one shelf in the shared fridge and doesn't like to cook in the shared kitchen but finds the staff canteen very expensive with a discounted meal costing around £6, so quite expensive. He also has to pay for washing his clothes and uniform which he finds very expensive with a single wash at £3.70. He also has to pay £2.20 to dry them as there is no room to hang them out in the shared accommodation all of which adds up when he needs to wash his uniform every shift.

Hence whilst food and laundry are smaller monetary value items, the need to pay for them regularly add up to a significant cost. He is trying to be as independent as he can but in comparison to 'up north' feels it is very expensive. He worries because he doesn't have any savings so cannot see anything being able to change in the long term – he doesn't have options. He had plans and dreams when he arrived in the UK, to develop his career in the NHS and bring his family over to enjoy an improved quality of life but now says '*I already ran out of plans, so I'm just improvising because everything I have planned they don't really work out, so I don't know, I'm just trying to get by...*'

Example case study: Peter

5.6 Personal health and wellbeing

Throughout the participants' interviews, many staff emotionally reflected on working in a busy NHS environment alongside the challenges they face personally with the cost-of-living and the consequential impact on their health and wellbeing:

'... when you are spending your day trying to support vulnerable people and you yourself are feeling kind of burnt out and worried about feeding yourself and all that kind of thing, I think the, yeah, the impact on my own mental wellbeing [is] definitely, definitely a thing.' 093238:6

'I feel very lonely because I can't afford to do any clubs or anything like that. So, when the kids are at school I just sit and do nothing. I feel lonely and I feel left out and it's just frustrating that I'm not a bad person, I work hard, I have to do at least two overtime shifts a month to actually be able to pay for things. I probably should but it's depressing, so I just kind of like bury my head in the sand.' 093020:6

'...I'd done a thirteen-and-a-half-hour shift, no meal break, obviously an hour and a half overrun, absolutely shattered, come home. I have beans on toast, I have a shower and go to bed...I'm getting upset here... We've grabbed what [food] we can where we can, sat on some horrible god forsaken dirty toilet because it's the only one available...' 135914:3

And despite the height of the pressures for the pandemic in the past, the following participant reported still feeling the impact on their thoughts of leaving:

'... covid may have stopped, but all the repercussions from that haven't and so although I love my job, right now I am tired, I'm exhausted. I, you know, and I think if I could get another job with absolute certainty that I would like it still and I could still get that pay, I might think about it, just because I'm tired. But I also know that I absolutely love my job, so I wouldn't want to leave if I didn't have to. But I have to think about my health as well.' 110248:7

Two participants discussed both physical and mental health treatments that they needed to pay privately to get the treatment that they needed. This private treatment was essential to keep them at work:

'... we've got ... an employee assistance program kind of thing where we can access counselling and things like that... I had a couple of nervous breakdowns over the last two and a half years or so and then yeah, just basically was told to cheer up and yeah, snap out of it and the occasional welfare call whilst I've been at home signed off...I had my six sessions that we're entitled to at work and she said you really need some psychotherapy sessions ... I said great can you do that, and she said no because you've used up your sessions with me and then I enquired, I had to bite the bullet and start with sessions for myself ... I must have spent a couple and a half thousand or something on psychotherapy sessions. But it's done me the

world of good, I'm a lot better, I'm a lot healthier. But [my employer] said that they wouldn't give me any money, ... and I'm still having my sessions. But then I was told that I couldn't have the sessions during work time.' [090423:6](#)

The next participant paid privately for a Chiropractor as they cannot access NHS funding for treatment:

'... forty-three pounds for fifteen minutes, it's ridiculous. But it does the trick. It's still hurting, I need to book another one, I haven't been for about three weeks. It's so expensive... [to access NHS funding] ...it says it has to be an injury that's been caused at work or related to work... its, is it a rotary cuff tear, so if I don't exercise it and get it sorted it could turn into a frozen shoulder and then that could, I could be in a lot of pain for eighteen months, it takes for that to go I believe. So, you know, it could get, it could get worse if I don't keep treating it...' [100403:6](#)

5.7 Reasons to stay

When discussing the reasons why staff considered leaving the organisation, the reasons for staying were categorised into the following four areas:

Job satisfaction and security: Several participants reflected despite the financial challenges, they stayed working for the NHS as they enjoyed their job. Others, particularly those who had worked in private sector compared the security of the NHS terms and conditions and pension arrangements:

'So, you know, it's a job I've done before, and I could probably fall back into it and its quite a big difference in wages. It's at the back of my mind, but I don't really want to do it because I really like my job... But yeah, it's really rubbish money.' [100403:6](#)

'I know I've got job security for however long I need it, because its, I don't think it's a healthy job environment ... so job stability as well as the pension...' [090423:6](#)

The Team: A key theme and a pull factor that despite work pressures, was the commitment to the team and the people that they work with:

'Oh, I love it, I love the people, you know. Having done the private sector, it can be dog eat dog and it can be cut throat and it can be people throwing people under the bus ... I think coming to the NHS, the caring nature of it, everybody I work with just, you know, everybody is supportive, ... it's the sort of place where you feel safe ... I was poorly last year; I was diagnosed with (serious condition) ... everyone was brilliant ... I just felt really safe that I could take that time, you know, as long as I wanted, to recover ... that's what keeps me...You know, we're busy... but there's still a kindness in the way we work...' [130410:7](#)

'I've got a lovely work family. I love the people who I work with, the majority of the people I work with, absolutely amazing people.... I wouldn't change my job for the world. I love my job. But its every other aspect surrounding it [cost of living], which is why people are considering leaving. It's such a lovely team, such lovely management, in my team anyway and yeah, I love that... I feel part of it, I feel included, it is the nicest work environment I have ever worked in... when you have a [really busy] day like that it is literally just your [work colleague] that gets you through that day...' [135914:3](#)

'I'm staying with the organisation because I work with a team of people I care about...' [120343:7](#)

'I work with a really good team, they're really supportive, all of them, really nice people. You know, that's, again that's what would make me not want to leave, having the team that I work with, you know, and I like the job. I really wouldn't want to leave, but if I did it would be purely because of money. But again, that's at the back of my head at the moment, but maybe its rearing its ugly head a little bit more than it would normally do...' [100403:6](#)

Financially 'stuck': The third reason that staff stay working within the areas, particularly those with longer years of service so have progressed up the salary scales and at the top of the increments:

'I was saying to my boss that if I could leave the NHS I would. I've said I've done it for so many years now it's the worst it's ever been. But there's no job that I could get and go in for the same amount of money that I'm currently on and I definitely can't take a pay cut. So I am literally stuck. [093020:6](#)

'I don't think that I would be able to be offered a job anywhere else that would pay a comparative amount of money. So unfortunately, I think I'm stuck here ...I'll just bide my time till the end now...' [160218:6](#)

Commitments: Family commitments influenced others to stay working in the organisation:

'If my son wasn't twenty minutes' drive away from me now, we wouldn't be living in the (South) of (England), so yeah, we would have moved by now, because for me, my pay is the same wherever I go...' [110248:7](#)

'... so, I always think about leaving, but I can't because I can't, I'm not going to move my family away from that stability, you know, where they're happy... So okay that's to my detriment, so I just have to just bob along, doing what I do at the moment, hoping at some point something else might appear.....you'll retain me in this Trust because of my children.' [150253:6](#)

Pearl is a band 6 registered health professional, with seventeen years of experience working in the BOB and Frimley ICS so now on the 'top' pay increment. She is a mother of two (aged 10 and 12) and separated from her husband five years ago and her wider family network live far away. The previous family home was her husband's, the split meant she had to start over again and she feels she has been in a financial downward spiral for the last five years.

After splitting up with her children's father she had to consolidate debt onto an IVA scheme just to cope and now lives in a housing association property. She wants to emphasise that no matter what pay band people are, some circumstances can make anyone struggle, it is not just the lower bands. She explained [at the time of the interview] it was 12 days before payday, and she had less than a hundred pounds in her bank account and worried about what to prioritise before the next pay day.

A few months ago, she had to make a difficult decision to go 'off sick' as she had a big bill and simply could not afford to get to work. She often starts at 6am and her only option is to drive to work as there are not buses or other forms of public transport at that time nearby. Her parents bought her the car and she is paying it off monthly – in her words *'it's about a hundred pounds a month but I'm probably going to be paying it back until I'm dead!'*

She described how towards the end of the month before she gets paid, the kids live on pasta or other cheap foods. She reiterated that in her words, *'I'm not half as bad off as some people, please don't think I'm saying woe is me'*, she explained how she can still afford to heat the house when the children were there but turns it off when they're not. She said that they don't go to school with dirty clothes or holes in their clothes but, she must scrimp and save to buy anything.

She has stopped socialising and reflected that she was either a health professional or mum, as she doesn't have any 'me time'. This in turn makes her feel very lonely when the kids are at school, and she is not working *'I just sit and do nothing'*.

She has to do at least two overtime shifts a month to maintain her current situation and pay for the minimum essential things. She often struggles with the pressures of work and has suffered burnout on two occasions, but really worries about going off sick as this has the knock-on effect for the impact on the pay for the following months, due to no overtime whilst off so she would only have a basic salary.

She explains that if she could leave the NHS, she would, as she feels in her experience, it's the worst it has ever been but says that there is no job that she could get for the same amount of money (top band 6) and she is not able to take a pay cut... so she feels *'literally stuck'*.

Case study example: Pearl

5.8 High-Cost Area Supplement (HCAS)

26.8% of the 360 survey respondents reported that Yes, they were in receipt of the High Cost Area Supplement (HCAS), 67.4% reported No, they were not in receipt of the HCAS and 5.9% were not sure (figure 36).

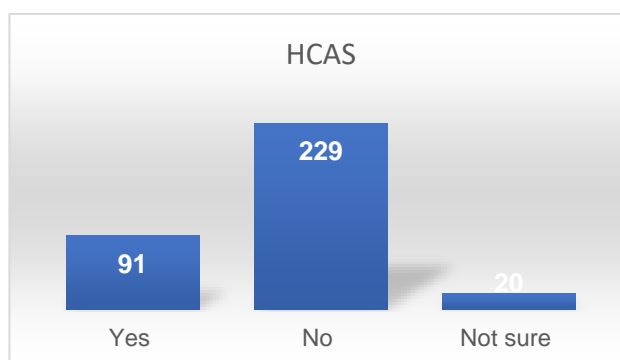


Figure 36: Respondents receiving High-Cost Area Supplement (HCAS)

Analysis of association between being in receipt of HCAS and considering leaving their role: Analysis was conducted on the association between in receipt of HCAS and considering leaving their role (table 17). A small number of respondents who were not sure if they were in receipt of HCAS were treated as not being in receipt of HCAS. There was no significant difference in intentions of those being in receipt of HCAS ($\chi^2_{(1)}=0.978, p=0.323$).

		In the previous twelve months, have you considered leaving your current role?		Total	
		No	Yes		
In receipt of HCAS	No	Count	71	178	249
		% within In receipt of HCAS	28.5%	71.5%	100.0%
	Yes	Count	31	60	91
		% within In receipt of HCAS	34.1%	65.9%	100.0%
Total	Count	102	238	340	
	% within In receipt of HCAS	30.0%	70.0%	100.0%	

Table 17: Association between being in receipt of HCAS and considering leaving their role

Analysis was also conducted on the 234 individuals who reported considering leaving their role and who gave a valid response to the item relating to whether or not they were in receipt of HCAS (table

18). A substantively greater proportion of respondents who were not in receipt of HCAS reported considering leaving their role for housing and living cost reasons. The association was significant at the 5% significance level ($\chi^2_{(1)}=11.8, p<0.001$).

		Considering leaving: Housing and living costs		Total	
		No	Yes		
In receipt of HCAS	No	Count	44	134	178
		% within In receipt of HCAS	24.7%	75.3%	100.0%
	Yes	Count	29	31	60
		% within In receipt of HCAS	48.3%	51.7%	100.0%
Total	Count	73	165	238	
	% within In receipt of HCAS	30.7%	69.3%	100.0%	

Table 18: Association between being in receipt of HCAS and considering leaving their role for housing and living costs reasons

There was however no association between HCAS status and considering leaving their role for reasons of career development ($\chi^2_{(1)}=0.449, p=0.503$) or between HCAS status and considering leaving their role for reasons of work pressures ($\chi^2_{(1)}=0.270, p=0.603$).

None of the interview participants were in receipt of the HCAS allowance but several reflected on the nuances and of the HCAS allowance in relation to where they work and live, these dilemmas are influencing the potential to move organisation:

'...I live literally thirty minutes from central London and thirty to forty minutes to go to [current place of work]. So, if I went ten miles the other way, I would get twenty percent cost of living allowance [and] a twenty percent increase in salary is obviously huge and would make such a difference and I think that's the dilemma ... I get less than I potentially could get if I just chose to travel in a different direction for the same amount of time, similar costs, yeah and I suppose that's the difficulty for me based on where I am today... I know a couple who worked with us who have literally moved to go to London Trusts because they know they're going to get that higher cost of living allowance...' [130410:7](#)

The next participant summarised their thoughts on their finances and their decision to leave:

'... everything has its pros and cons and right now I haven't got that, what's the word, bravery, to jump. But I'm near that edge. I'm very near that edge...' [135914:3](#)

Pauline is a band 7 health professional who also leads a team of staff. She lives in her own house with her partner and feels incredibly fortunate as combined with her partners wage their current salary covers there housing costs and lifestyle including additional socialising. So, in her words, she is *'rich compared to a lot of people in our country and across the world'*. However, Pauline and her partner are really feeling the increase in cost of living, particularly for food, her weekly shop has gone from £60 every week to nearly £120. She has also noticed gas and electric, sky rocketing prices, as everyone has as those bills have gone up by probably about a £150 a month. They are therefore making some cut backs for example not going out as much or not getting as many takeaways and other similar things. She is also very mindful as a manager that she has people who are less fortunate than herself and is very conscious about being aware of that. In turn, she is passionate about the wellbeing of staff and ensuring that they feel supported, and their wellbeing is a priority, so she is proactive about supporting staff with their health and wellbeing which includes the impact of cost of living. This includes:

Health and Wellbeing discussions: During one to ones, historically, she explained that health and wellbeing was discussed, but it was always at the end of the chat, when there wasn't always a lot of time, so staff didn't feel it was a priority and it was a tick box exercise. So, she put health and wellbeing at the top of the agenda. In her words, *'it's not just about your mental health, it's not just about your physical health, its asking all those questions...So how's your desk setup, how is your back feeling, what's going on at home, is there anything that's impacting you? How's your focus and concentration? You know, not just asking how they are feeling mentally, but really drilling into those questions and then also asking about finances, so not in a way to pry or to be rude, but just be like have you got any financial pressures that I need to be aware of or do you need any support with signposting, because there's lots of advice that I can link you in with'*.

The Wellbeing calendar: She shares but also adds to the wellbeing calendar topics that the Trust distribute monthly: She provides additional information, so an email goes out every single month based on that topic with links to various things including finances for example providing links to external support for example the Money Matters expert, Martin Lewis.

Building relationships and Teambuilding: Enabling staff to feel comfortable with her so that when you ask those questions it doesn't feel intrusive, it doesn't feel like you're trying to just do a tick box exercise she really wants to understand what's going on for them and you really want to try and help them. Everyone has different things that make them tick or different things going on and its about treating everyone as individuals and building that relationship. Support also includes relatively simple things like organising team social events around payday, so people might have a bit more cash.

Regular check ins: Pauline ensures that she touches base with everyone regularly, she explains: *'even when you don't physically see them, give them a call and ask what is going on to see how they are. It is about having that relationship and understanding their situation as much as they want you to understand it'*. She concluded: *'Obviously, some people are not going to tell you anything and some people are not going to want to share and you can't solve everyone's problems but as a line manager you are there to ensure that their health and wellbeing is a priority when they're working and that does help with retention because if you look after your workforce, they look after you and they do feel like someone actually cares...I can't solve all of the problems but I'm happy to be a sounding board ...'*

Example case study: Pauline

Chapter six

Discussion

In this chapter we will discuss the outcomes of part two of the broader study. Before examining the findings in detail, it is important to distinguish the reasons people consider leaving a job can be both positive and negative, and leavers can be categorised as both happy and unhappy (Weyman et al., 2020). Differentiating those that are looking to leave for positive reasons such as career development and promotion from those thinking of leaving for negative reasons such as the terms and conditions of employment, provides employers with valuable insight into the working experiences of employees. Understanding the reason that people may be thinking of leaving is significant because it affords recognition of what to do to support more people to stay that want to continue in their current employment, should specified work terms and conditions be adapted to meet their needs (NMC, 2023).

In this study we learned that 70% of BOB and Frimley Health and Care ICS staff have considered leaving their current role within the last 12 months. This figure is double the National Staff Survey (NSS) data (NHS NSS, 2022). Whilst it is acknowledged that ‘considering’ leaving is different from actually leaving, and therefore would almost certainly never be realised at this figure, the finding within its own right is an important indicator that whether passively or actively (albeit for positive or negative reasons), these employees are thinking about leaving their current jobs (Weyman et al., 2020). What is also meaningful to acknowledge however, is that whilst ever individuals remain thinking rather than acting on their next career move, there remains an opportunity to explore the understory of these statistics and act on the findings. It is the combined effect of learning from these underpinning experiences that will provide opportunity to protect the flight risk of staff from not only leaving their role within an organisation, but from leaving the BOB and Frimley Health and Care ICS completely.

Conceding there are health and social care workforce challenges across England, with high vacancies, absence and turnover rates (NHS Digital, 2022b); the rising cost of living is increasingly reported as having a compounding negative impact on many health and care staff. The leaders within the BOB and Frimley Health and Care ICS confirm they believe their pre-existing workforce challenges are being further geographically exacerbated by the higher cost of living within their system compared to other areas of the country. There is a live threat that BOB and Frimley’s Health and Care ICS concerns may be realised, with other NHS Trust leaders reporting significant and severe challenges retaining staff as they move out of higher cost of living areas to take up similar roles in areas with lower housing costs (NHS Providers, 2023). BOB and Frimley are one of the most expensive geographical areas to live in England, and findings identified 68% of respondents stated that over

60% of their salary is needed for housing costs which suggests the flight risk of staff exiting the system due to the cost-of-living is significantly independently heightened within this geographical region due to this reason alone. And indeed, these high cost of living and higher ratio of house costs are the most reported and negative reason for considering leaving within this study.

Constraint of finances extend into the wider remit of employees' lives. This research showed that 59% of respondents perceived that their salary did not cover their housing costs, furthermore, 68% of respondents professed that their salary did not cover lifestyle expenditure, and 78% of respondents have had to make a difficult decision about their finances recently with examples such as prioritising food for their children, having to move house and delaying retirement. Accompanied by the financial statistics, the qualitative experiences offered examples of some extremely difficult circumstances that some staff were experiencing.

When asked about cost of living in relation to going about one's everyday lives and then also in relation to future planning, only 21% of respondents have enough disposable income to save money and 63% do not have any additional income in their current salary to try to save for short- or long-term changes to their current situation. This is suggestive that many are financially existing in the immediate term. Presently, 45% of respondents work extra shifts to accommodate the increasing costs of living, and around 20% of employees who do not currently work extra shifts intend to in the near future. The increasing pressures that working additional shifts (or taking additional jobs) to make ends meet has on an already 'tired' workforce is a significant issue and the impact on staff's mental and physical wellbeing cannot be underestimated. We heard narratives of staff unable to positively plan for the future and managing financially by living week by week; worried about unexpected bills taking them further into debt.

Considering why people leave jobs, and that almost double the national average of people in BOB and Frimley Health and Care ICS have recently thought about leaving; many due to cost of living and the negative impact this is having on their lives. Frustratingly for BOB and Frimley Health and Care ICS, some things affecting thinking of leaving are outside of the remit of them immediately changing such as how geographically their system covers areas that are both in receipt of, and not in receipt of HCAS. Knowing this and acknowledging the study found a substantively greater proportion of employees who were not in receipt of HCAS reporting were considering leaving their role for housing and living cost reasons, asks urgent and important questions about what assistance can the system offer, and improvements made. Looking into the detail of the findings may present insight for opportunity.

Awareness of individual circumstance is vital. It may naturally be expected that cost of living situation impacts mainly on those on lower pay bands, however every individual employee's

situation is personal to themselves, for example financial challenges are often higher for those from vulnerable groups, for single parent families and families with three or more children (CIPD, 2023). It must not therefore be assumed that employees are affected linearly correlating to pay scale alone.

Whilst exploring experiences of cost of living we must also factor the impact of commuting and travelling to and from work. Respondents, with an increase in commuting time per week had no reported significant impact on those considering leaving, however many of these participants stated they relied on their car to commute to work as public transport links are not readily available around their shift patterns. This highlights additional perhaps unseen logistical costs may need factoring into employment decisions. It also brings into the fore conceiving practical solutions, for example, supporting employees to work flexibly to enable car sharing or the use of public transport.

Looking further into the detail of the findings revealed thinking of leaving was lower for people with over 10 years' service; noting that a higher proportion of staff with less than 10 years' service were considering leaving because of the cost of living. These findings are consistent with the wider age-related literature on intention to stay (Pressley & Garside, 2022). We know that in terms of retention, staff behaviours differ by generation with needs and motivations diverging considerably across the ages of our health and care workforce (Cahill, 2012). Those staff with less than 10 years of service are often younger, more likely to be single and therefore by the nature of things may be more transient and have a lesser attachment to an organisation. This worryingly confirms that should they wish; they may readily move further afield to maximise the advantage of working in a more affordable area (Shacklock & Brunetto, 2011; Wieck, 2009).

In the same way there are circumstances that may push people away from an employer, there are known pull factors that entice people to stay (Jamieson, 2015). Whilst younger generations and those in early career may be more vulnerable to leaving, there are proactive ways to improve experience at work and support people to stay in organisations by meeting their personal and professional needs (Pressley and Garside, 2023). Findings from this study provide insight into the needs of the people working within the BOB and Frimley Health and Care ICS. Within the system a higher proportion of single respondents suggested that career development and continuing professional development were a reason they would consider leaving in comparison to the married or separated/divorced respondents. In turn, there was no significant difference in intentions to leave identified for married staff or those having dependent children or caring responsibilities. The same is reported from staff from different ethnic groups although it must be recognised that our sample may not fully represent the non-UK groups. Exploring findings in this way affords us knowledge of the needs and motivations of the most vulnerable groups of our workforce (Stockton, 2012). This discloses tangible ways to pre-emptively effectively intervene for example by enhancing career development opportunities, to improve retention.

A further interesting finding to note was the pattern of an increasing proportion of respondents considering leaving for reasons of *job pressures* as they move up the banding scale, recognising the increasing pressures for NHS staff in leadership and management roles (Anandaciva et al., 2018). This finding articulates rightly how thinking of leaving is multifaceted and complex, in that it is suggestive individual dynamics are interconnected. Presupposing, those in higher bands will have worked longer, we may assume wrongly a confidence that length of service means they are less likely to leave. The appreciation therefore of how the additional individual variables of both leadership and job pressures may negatively affect the experience of work is something that once known, can be positively targeted to improve outcomes and to support more people to stay (Gholami et al., 2019).

Whilst it is important to recognise why staff leave, this discussion focuses on why it is important to understand the opposing dynamic i.e., why staff stay. Staff in this study exhibited the following key reasons to stay working with their current employer. The first positive primary reasons for staying working within an organisation is job satisfaction and the security of working in the health and care sector. The second was their work friends and other team members that they valued working with, often referred to them as their work family (Pressley and Garside, 2022). If these needs are met, in ways like working in great teams, and staff are fulfilled at work, they are more likely to stay. The people from BOB and Frimley Health and Care ICS that took part in this study are exactly the people should they wish to stay, that we need working in the NHS, and we thank them for being so open and candid in sharing their stories with ourselves.

Whilst many of the external issues such as the high cost of housing and living are not able to be resolved by the BOB and Frimley Health and Care ICS, it was important to staff that employers were aware of the challenges they were experiencing, it is also important to acknowledge the things that people say make work easier and more enjoyable as these are the things that we can act on in part to reduce stress and burnout.

In summary, the increasing cost of living can have a significant impact on staff, especially those from vulnerable groups and those on lower bands. The higher and rising costs of housing rents and mortgages, transportation and other essential expenses can make it very difficult for staff to afford to live in, or close to, areas within the BOB and Frimley Health and Care ICS. This can lead to high attrition and turnover as staff are forced to move away to find more affordable housing and living expenses. To address some of the challenges highlighted in this research some of the BOB and Frimley Health and Care ICS organisations have implemented various measures such as providing financial advice and support to staff. However, more needs to be done to ensure that staff can afford

to live comfortably in recognition of the value they bring and the difference they make to providing high-quality patient care.

References

- Anandaciva, S., Ward, D., Rhandawa, M., & Edge, M. (2018) Leadership in today's NHS: Delivering the impossible. https://www.kingsfund.org.uk/sites/default/files/2018-07/Leadership_in_todays_NHS.pdf [accessed 26/06/23]
- BOB and Frimley Health and Care ICS Staff survey (2022)
- Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101
- CIPD, (2023) [Tackling in-work poverty | CIPD](#)
- Creswell, J. W., & Plano Clark, V. L. (2018) *Designing and Conducting Mixed Methods Research* (3rd ed.). Thousand Oaks, CA: SAGE.
- Dawadi, S., Shrestha, S., & Giri, R. A. (2021) Mixed-Methods Research: A Discussion on its Types, Challenges, and Criticisms. *Journal of Practical Studies in Education*, 2(2), 25-36 DOI: <https://doi.org/10.46809/jpse.v2i2.20>
- Flinkman, M. (2014) Early career experiences and perceptions – a qualitative exploration of the turnover of young, registered nurses and intention to leave the nursing profession in Finland. *Journal of Nursing Management*, 2015. Vol 23 1050 – 1057.
- Gholami, M., Saki, M., Hossein, P., & Amir, H. (2019) Nurses' perception of empowerment and its relationship with organizational commitment and trust in teaching hospitals in Iran. *Journal of Nursing Management*, 27(5), 1020–1029.
- Index of Multiple Deprivation (IMD) (2019) English Indices of Deprivation – www.gov.uk/government/statistics/english-indices-of-deprivation-2019
- Jamieson, I. (2015) Generation Y New Zealand registered Nurses' views about nursing work: a survey of motivation and maintenance factors.
- Nationwide Building Society (2022) Local Affordability report <https://www.nationwidehousepriceindex.co.uk/reports/local-affordability-report-britains-most-and-least-affordable-areas-to-live>
- NHS Providers (2023) Rising living costs: the impact on NHS staff and patients: <https://nhsproviders.org/rising-living-costs-the-impact-on-nhs-staff-and-patients/the-effect-of-the-rising-cost-of-living-on-nhs-staff>

NHS Digital (2022a) Parliamentary Research Briefing “NHS staff from overseas: statistics”
<https://commonslibrary.parliament.uk/research-briefings/cbp-7783/>

NHS Digital (2022b) <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/april-2015---march-2022-experimental-statistics>
https://www.kingsfund.org.uk/sites/default/files/2018-07/Leadership_in_todays_NHS.pdf

Nursing and Midwifery Council (NMC) (2023) The NMC register 1 April 2022 – 31 March 2023. NMC.
[The NMC register](#) _Accessed 8 July 2023.

ONS (2014) Disability-Free Life Expectancy by Upper Tier Local Authority: England 2012 to 2014
www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies

ONS (2022) Median house prices for administrative geographies HPSSA dataset 9”: Sept 2022
<https://www.ons.gov.uk/peoplepopulationandcommunity/housing/datasets/medianhousepriceforationalandsubnationalgeographiesquarterlyrollingyearhpssadataset09>

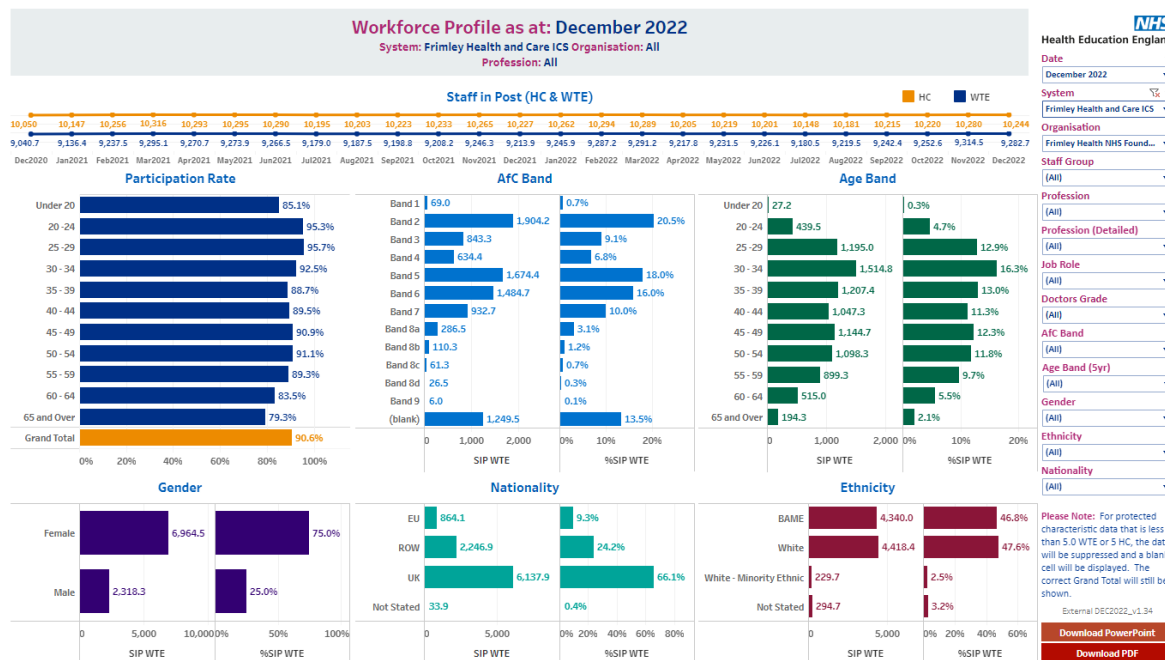
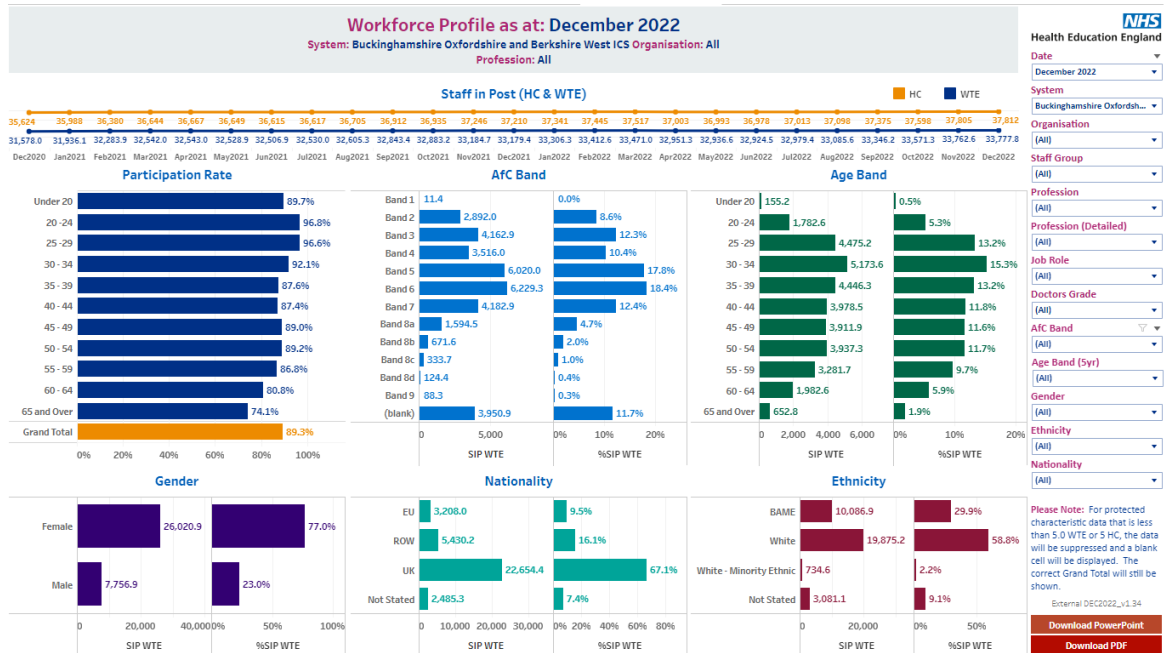
ONS (2023) Private rental market summary statistics in England: 2022-2023
<https://www.ons.gov.uk/peoplepopulationandcommunity/housing/datasets/privaterentalmarketsuimarystatisticsinengland>

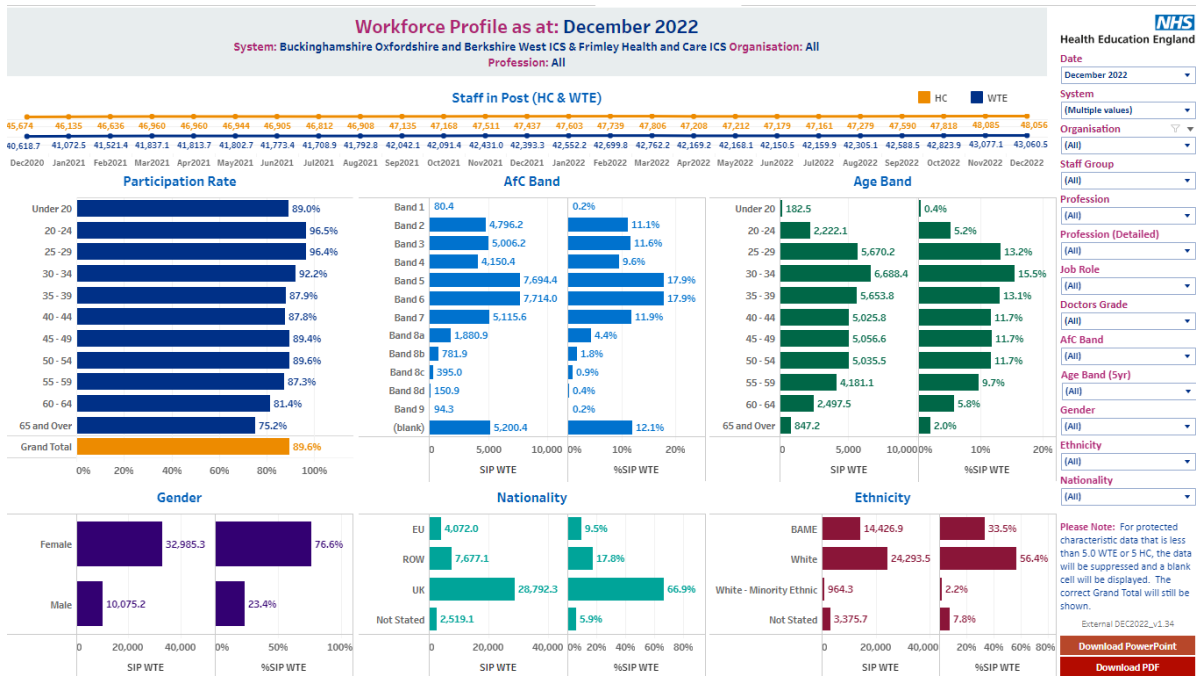
Pressley C. & Garside, J (2022) Safeguarding the retention of nurses: A systematic review on determinants of nurse's intentions to stay. *Nursing Open* 10:5 2697-3436
<https://doi.org/10.1002/nop2.1588>

Stockton, I. (2021) Nurses leaving the NHS acute and community sectors. Institute for Fiscal Studies. Economic and Social Research Council. <https://ifs.org.uk/publications/15884>

Weyman, A., Roy, D., Nolan, P. (2020) One-way pendulum?: Staff retention in the NHS: determining the relative salience of recognised drivers of early exit. *Department of Psychology, Institute for Policy Research (IPR) Centre for Analysis of Social Policy (CASP)*, 13 (1) 45-60.

Appendix One





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