



Establishing a collaborative knowledge exchange network with key senior NHS staff

Direct dialogue with Senior Managers for Staff Experience and Equality, Diversity and Inclusion leaders is crucial to increase engagement and maximise research impact on improving retention of minoritised staff

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Background: A horizon scanning exercise exploring retention policies for international and minoritised NHS Trust staff in England and establishing the current pledges and policy gaps

The 2023 NHS Long Term Workforce Plan (LTWP) pledged to improve retention and ensure 130,000 fewer staff leave the NHS by 2038 by improving culture, leadership and wellbeing.¹ The LTWP acknowledged that, without concerted and immediate action, the NHS will face a workforce gap of more than 260,000–360,000 staff by 2036/37.¹ The 2025 NHS 10 Year Health Plan stated that despite job cuts, by 2035 staff will be better treated, more motivated, have better training and more scope to develop their careers.²

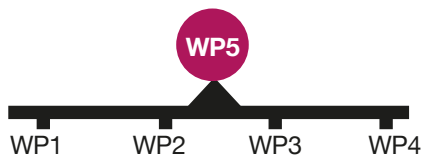
Workload pressures, poor work-life balance, mental ill-health, and poor development opportunities are major reasons why healthcare workers (HCWs) leave^{3,4} and these problems have been exacerbated by understaffing and the pandemic.^{5,6}

Ethnic minority HCWs (self-categorising as Black, Asian, Mixed, Other) comprise 24% of all NHS staff, including 42% of all doctors⁷ and over 90% of nurses in the lowest pay grade.⁸ Evidence suggests that staff from ethnic minority and migrant groups are more likely to experience challenges at work, and those challenges are also associated with increased likelihood of leaving the workforce.

Staff from minoritised groups are at greater risk of harassment, low pay and poor career progression^{7,9,10} and they have been disproportionately negatively affected by the pandemic.^{11,12} In a 2022 survey of NHS leaders from ethnic

A gap in the literature means there is no clear overview of current organisation-level NHS staff retention policies specifically targeting minoritised staff groups

We sought to address this gap with a two-phase horizon scanning exercise undertaken as part of a wider study, I-CARE (InCreAsing REtention of healthcare staff from Ethnic minority groups), a major three-year study funded by NIHR. We conducted the first phase in the first six months of the I-CARE study (March – September 2024) as an initial exploration of the policy landscape. We are repeating the process at the study's halfway point (August – December 2025) to ensure we keep abreast of a rapidly changing policy



WP1: Retention policy horizon scanning

WP2: Retrospective analysis of NHS human resources record data from the Electronic Staff Record

WP3: Longitudinal analysis of six waves of NHS staff questionnaire data

WP4: Qualitative analysis of interviews and focus groups with ethnically minoritised NHS staff and NHS managers

WP5: Development and refinement of a systems map, using synthesised findings from the previous four WPs to co-design and explore the acceptability of a suite of theory-based policy interventions

Figure 1: Map of England indicating the seven regions



minority groups, over half said discrimination made them want to leave.¹³ Racial discrimination causes poor physical and mental health¹⁴ and may increase sickness absence, which strongly predicts attrition.¹⁵

context: there was a general election and change of government shortly after the study began, and in March 2025 NHS England was abolished. This led to significant loss of jobs, and NHS leaders were asked to make large savings.

We sampled 56/215 NHS Trusts in England with higher-than-average staff turnover and higher-than-average ethnic minority staff compared to other Trusts in their region of England. We asked the Chief Executives of those Trusts to provide us with:

Policies regarding the retention of international and/or ethnic minority staff from any professional/occupational groups;

Any other policies relevant to retention of these staff groups e.g. policies around EDI, wellbeing, induction that may aim, in part, to improve retention;

Any other relevant information e.g. activities undertaken as part of the People Promise Exemplar programme, or evaluations of retention activities.

If Trusts did not respond to our request, we retrieved policy documents from their websites in the public domain.

We selected topics known to influence staff retention and extracted all statements mentioning these topics from the documents. We then rated each statement as red, amber or green where red indicated absence/no information on a category, amber indicated that a category was mentioned but lacked explicit or measurable targets as to how it may be achieved, and green denoted policy statements that were linked with actionable, specific objectives.

Findings from the documents and the need to develop a collaborative knowledge exchange network

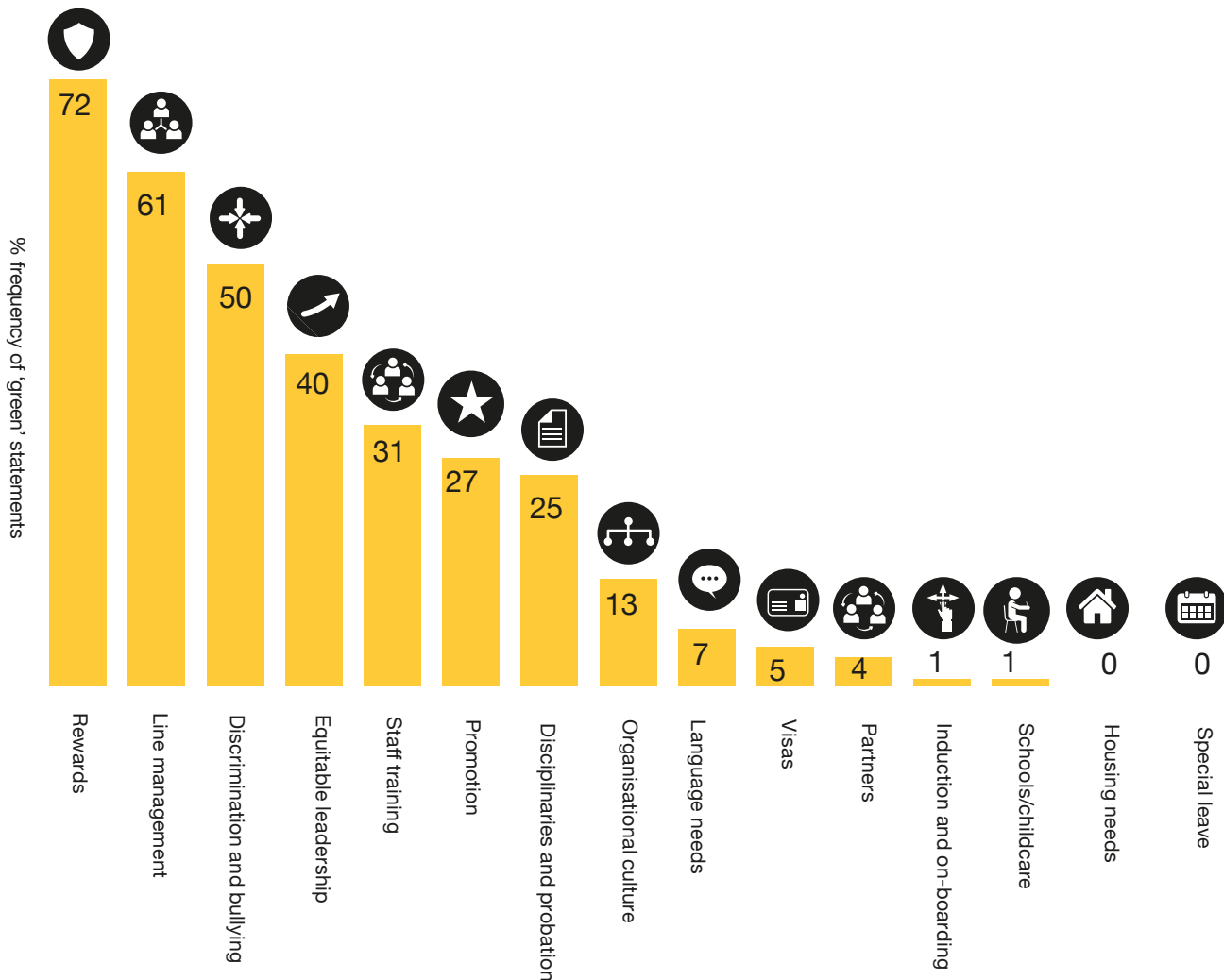
The policy document horizon scanning exercise revealed a nuanced and somewhat chequered picture in which some factors that may influence retention of minoritised and international staff were frequently and comprehensively addressed, but many others were absent. Factors that contribute to creating and maintaining a sense of belonging were frequently overlooked and across the whole range of documents matters of potential importance to international and minoritised staff were seldom addressed. Notably lacking were issues which may influence settling into a new environment, both in and beyond the workplace, including induction, onboarding, visas, housing, schools/childcare, partners, language needs and special leave. Many of the documents focused on generic EDI statements addressing the nine protected characteristics of the UK Equality Act 2010¹⁶ for all Trust staff and did not go beyond these to address the specific needs of their international and minoritised staff.

However, proactive engagement from the sampled NHS Trusts was disappointingly low in the first phase of horizon scanning: only seven (13%) provided documents and most were therefore found in the public domain. While we acknowledged that this was likely to be a result of the current pressures NHS staff face, we were nevertheless concerned that their limited engagement might have led to us being unaware of some strong retention policies. Therefore, we wanted to increase dialogue with senior NHS staff with responsibility for staff retention and forge stronger links between research and practice to increase the impact of both the next phase of horizon scanning and the other I-CARE work packages. This desire to collaborate more closely gave rise to the knowledge exchange network.

Timeline of horizon scanning over the course of the I-CARE study



Figure 2: Bar graph of categories with green-rated statements



Documentary analysis categories relevant to staff retention

Establishing the knowledge exchange network

I found the names of retention managers for each of the seven regions of England on the NHS England website and arranged Introductory briefing meetings with them to outline the horizon scanning findings and invite them to join a collaborative network.

At these briefings, retention managers described close working relationships with EDI Leads in their region and recommended that EDI Leads should also be invited to join the network.

We held the first network meeting in May 2025. Four regional retention managers and two EDI Leads from Southeast, Southwest and Northwest England attended the meeting.

The objectives of the first knowledge exchange network meeting were:

Gain insights into potential reasons for low engagement by NHS Trusts

Seek advice and recommendations for increasing engagement before the second phase of horizon scanning

Identify other key staff to invite to join the network

Encourage network members to attend a webinar presenting the horizon scanning findings in June 2025, and to promote it to relevant colleagues.

Outcomes from the first knowledge exchange network consultation

01 Network members offered valuable context for Trust's limited engagement with the research and made recommendations for ameliorating this, including:

- > Staff retention needs sensitive framing at a time when some Trusts are cutting staff. There is a growing shift away from the term 'retention' towards an emphasis on staff experience and staying and thriving in a job; three of the regional managers had changed their job title to Senior Manager Staff Experience to reflect this. The network recommended the wording and tone of phase two horizon scanning emails to NHS Trusts should frame retention research in a way which resonates with current workforce practice and priorities
- > Chief Executives may not be the most appropriate point of contact for matters relating to staff retention; the network recommended that we prioritise engagement with Chief People Officers
- > Documents pertaining to staff retention may not be labelled as this; the network recommended widening the range of documents we request to include EDI Action plans presented to Boards of Directors, Workforce Race Equality Standard reports and Workforce Disability Equality Standard reports



Network members offered valuable context for Trust's limited engagement



Knowledge exchange network members agreed to actively promote the I-CARE horizon scanning webinar



The network agreed to continue to meet four times a year until the I-CARE study ends in March 2027

02 Knowledge exchange network members agreed to actively promote the I-CARE horizon scanning webinar to their colleagues and wider contacts

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Actions arising from the network collaboration

The specific knowledge exchange network recommendations for the renewed call for horizon scanning documents were implemented: emails were marked for the attention of **Chief People Officers** and included a request for the additional documents the network recommended

The I-CARE study team received **120 expressions of interest** in the June 2025 webinar and **more than 60 NHS staff** attended

The East of England EDI Lead invited me to present the horizon scanning findings to their **regional EDI Community of Practice** meeting in June 2025 which was attended by over **40 NHS staff**

The Senior Manager for Staff Experience Southwest invited the Lead Nurse for International Retention for Northeast and Yorkshire to attend the webinar. He subsequently invited me to speak at the forthcoming **Stay and Thrive Community of Practice Drumbeat Call** meeting scheduled for September 2025

The **Race Equality Network of an East of England NHS Trust** invited me to speak at their meeting scheduled for September 2025

The Allied Health Professional international recruitment Community of Practice invited me to speak at their meeting scheduled for November 2025

The **Lead Nurse for International Retention for Northeast and Yorkshire** has also joined the knowledge exchange network.

Next steps

The knowledge exchange network will continue to meet four times a year until the I-CARE study ends in March 2027 with the next collaborative discussion planned for September 2025. I and my I-CARE colleagues will share emerging findings from qualitative interviews with 50 healthcare workers who are planning to leave/have left the NHS and with 25 NHS managers. These interviews explore in depth the drivers for staff leaving or staying in their NHS jobs and the impacts leaving or staying have on them and the wider workforce.

As part of the study dissemination, ten of the interviewees will also be invited to work with a professional storyteller to produce a recorded vignette about their experiences. The knowledge exchange network members' views and insights on what the interviews tell us will be invaluable. Besides the I-CARE Stakeholder Group, Professional Expert Panel and Patient Involvement Panel, the network may also be able to suggest which stories would resonate most and create maximum research impact. The establishment of the network therefore represents an ongoing opportunity to consult with more NHS stakeholders and increase the impact of my work and that of the wider I-CARE study.

Acknowledgements

I would like to thank the members of the collaborative knowledge exchange network for their ongoing contributions to this work.

“The work with Rebecca is very helpful to support the work I am leading in region around identifying evidence-based interventions to support EDI improvement and particularly for the retention of minoritised and international staff. There is a requirement for enhancing this evidence base using research to support rapid improvements in outcomes of experiences, so I welcome the approach Rebecca is taking and am looking forward to building on the findings.”

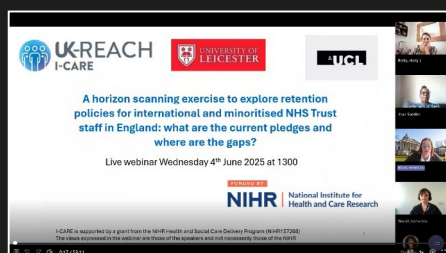
Tom Warner, Equality, Diversity and Inclusion Lead, East of England

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Links

[Link](#) to the broadcast webinar



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