Retaining your clinical staff: a practical improvement resource

December 2017
What is clear to me since we started the NHS Improvement retention programme is the real potential in this area – we have seen plenty of examples of trusts massively improving their retention rates across all clinical staff groups by following steps similar to those we outline in this improvement resource.

We urge you all to think about how you can further play your part in helping the NHS retain our staff. We think this starts with asking three questions:

1. Do we know why our staff leave and why our staff stay?

2. What mechanisms do we have to engage and empower staff to drive forward their ideas?

3. How can we be sure that all our staff are aware of and can benefit from our retention initiatives?

Ruth May  
Executive Director of Nursing  
NHS Improvement
Introduction

This improvement resource outlines key steps to improving retention of clinical staff. We have distilled our advice from interviews with trust HR directors, directors of nursing and medical directors.

We reflect the retention themes explored by NHS Employers in *Improving staff retention: A guide for employers*, and extend this support with more examples of the innovative approaches being trialled in trusts.

We recognise that no one action will boost retention on its own – sustained action in several areas is needed. We also know that external factors like private sector wage growth, the strength of the pound and the increasing demands of a clinical role in the NHS all make it difficult to retain staff.

But there are factors in trusts’ control and trusts are exploiting these in their efforts to improve retention. These factors are covered in this resource.

This improvement resource is part of NHS Improvement’s wider programme of facilitating learning between trusts to help them retain their staff.

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**Trusts can improve their retention rates**

**Sandwell and West Birmingham Hospitals NHS Trust** has reduced nursing turnover by 3% in the past 12 months with more effective staff engagement, an exciting career development offer and an innovative staff benefits offer.

**Buckinghamshire Healthcare NHS Trust** has reduced turnover by 2% in 12 months by introducing targeted ‘itchy feet’ programmes and discussing development options with staff over 50.
Seven steps to improving staff retention

The actions you can take can be summarised in seven steps.
We recommend each step is supported by an executive sponsor and senior leadership.

1. Develop or refine your retention strategy
2. Understand your data and insights
3. Engage and empower staff
4. Development and career planning
5. Tailor your offer to staff depending on the stage of their career
6. Reduce variation and standardise working environments
7. Collaborate with neighbouring organisations
Develop or refine your retention strategy (1)

GETTING STARTED

Actions essential for developing an effective retention plan or refining an existing retention plan:

- Identify areas for improvement – where are the hotspots?
- Engage your staff – empower them to implement their own ideas
- Governance – leadership at all levels
- Identify key performance indicators (KPIs)
- Develop action plans for each workstream
- Define your overall aim

**Identify areas for improvement**: where in your organisation and among which staff groups are leaver rates highest/having greatest impact on patient care and safety? You will need to scrutinise current trends and obtain detailed qualitative information on why staff leave and, as importantly, why they stay.

**Engage your staff**: to understand what can be done locally it is important from the outset to engage a wide range of staff groups and grades. Empower them to implement their own ideas – see pages 9 to 12.

**Governance**: successful projects will have regular reporting to the board and an executive sponsor who is responsible for raising awareness at board level and throughout the organisation. You need to define how the retention plan aligns and is supported by your trust’s wider people strategy and how you can make all staff aware of your strategy.

**Identify KPIs**: specify the metrics you will use to track the progress of the retention initiatives. For example, if you are introducing flexible working arrangements, explore how you can measure their impact: all staff survey responses, number of staff moving to a flexible arrangement, bank and agency fill rates, etc.

**Actions plans**: develop an action plan for each initiative that:

- states your objective – be SMART (specific, measurable, attainable, relevant, time bound)
- identifies who the lead is
- lists the key actions
- identifies any issues/risks and mitigating actions for these
- gives milestones for reporting progress.

**Define your overall aim**: your plan should state what reductions in turnover you expect to achieve in a specified timeframe.
This action plan from **Rotherham, Doncaster and South Humber NHS Foundation Trust** is for its retention initiative to improve staff engagement. Similar plans have been developed for each of its initiatives and each has a project lead and specified timeframe.

**Case study: Imperial College Healthcare NHS Trust**’s comprehensive recruitment and retention plan includes:

- project sponsor and delivery leads, and a clear reporting structure into key governance groups
- intense staff engagement – bottom up (staff surveys and focus groups) and top down (senior leadership sponsor and executive communications to staff)
- defined KPIs which support the tracking of performance and measures of improvement
- overarching SMART measures for each workstream for effective project management.
Understand your data and insights (1)

GETTING STARTED

✔️ Use timely and accurate data to uncover where retention is particularly problematic, including by looking at staff demographics across the trust
✔️ Use the insights to target your initiatives where they are most needed
✔️ Develop clear retention reporting templates and metrics

Data collection: Timely and accurate data can uncover problem areas and trigger the development of solutions to address the issues. You need to:

- identify areas with high leaver rates and common themes
- better understand staff groups and drivers contributing to exits (e.g., different drivers for different age groups, better understanding of unknown category in the electronic staff record – ESR)
- understand the impact this has on existing staff, patients and performance (i.e., agency use)
- identify why staff stay and how the trust can capitalise on these benefits.

Trusts tend to use the ESR as their starting point for understanding why staff decide to leave, and then enrich this data with stay and leave interviews. Some use other staff engagement platforms to collect more granular information than ESR provides.

Reporting: regular reporting to board and workforce committees will engage staff and executives in your initiatives to improve retention. Reports can include:

- a one-page monthly summary for the board
- monthly detailed summary for HR/workforce committee
- regular department/team updates on their turnover.

See the page 8 for a template for regular board reporting.

Case study: Wrightington, Wigan and Leigh NHS Foundation Trust uses an online survey platform to capture real-time feedback on how staff are feeling about their work and provide timely insight on the drivers for turnover. For example, continuing professional development (CPD), support and relationships, and psychological contract with patients have been found to be important reasons for staff staying with the trust. The survey tool identifies where staff are not getting opportunities for personal development and training. The trust has seen a long-term improvement in staff engagement scores.
A: How is the trust performing on turnover in 2016/17?

**12-month rolling turnover rate**

**Current vs current trend continuing**

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<tr>
<th>Month</th>
<th>Turnover Rate</th>
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**YTD performance**

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<th>Period</th>
<th>YTD % reduction in total staff turnover required</th>
<th>YTD % reduction in turnover achieved</th>
<th>YTD % reduction in medical turnover achieved</th>
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**Current performance**

14.5%

B: Have the reasons for leaving changed?

<table>
<thead>
<tr>
<th>Reason for leaving</th>
<th>Q4 2016/17</th>
<th>Change since Q4 2015/16</th>
<th>Change since Q4 2013/14</th>
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<tbody>
<tr>
<td>Unknown/blank</td>
<td>24.7%</td>
<td>1.4%</td>
<td>5.3%</td>
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<tr>
<td>Retirement</td>
<td>18.8%</td>
<td>-0.4%</td>
<td>0.1%</td>
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<td>Relocation</td>
<td>18.6%</td>
<td>0.5%</td>
<td>-1.0%</td>
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<tr>
<td>Pay/reward</td>
<td>9.3%</td>
<td>-0.1%</td>
<td>-0.3%</td>
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<td>Work-life balance</td>
<td>9.4%</td>
<td>-1.4%</td>
<td>-2.7%</td>
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<td>Workforce transform</td>
<td>4.1%</td>
<td>-1.8%</td>
<td>-4.1%</td>
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<td>Other</td>
<td>4.2%</td>
<td>0.6%</td>
<td>1.6%</td>
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<td>Flexibility</td>
<td>3.7%</td>
<td>0.0%</td>
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C: How do staff groups vary?

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<thead>
<tr>
<th>Month</th>
<th>Nursing and Midwifery Registered</th>
<th>Allied Health Professionals</th>
<th>Additional Clinical Services</th>
<th>Healthcare Scientists</th>
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D: What actions are required?

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<tr>
<th>Action</th>
<th>Owner</th>
<th>Completion date</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board to assign responsibility to a senior named individual for reducing turnover (usually this is the HR director, with support from the director of nursing/medical director)</td>
<td>HRD</td>
<td>01/08/17</td>
<td>green</td>
</tr>
<tr>
<td>HR director to agree retention plan with the board, have a process to obtain the information they need from the divisions and hold them to account for leaver data.</td>
<td>HRD</td>
<td>01/08/17</td>
<td>green</td>
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<tr>
<td>Set up good quality real-time data to identify hotspots to target (specialties, grades, individuals)</td>
<td>COO</td>
<td>01/08/17</td>
<td>green</td>
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<tr>
<td>Develop retirement options and clinics for staff approaching retirement</td>
<td>Dep. HRD</td>
<td>20/09/17</td>
<td>yellow</td>
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<td>Develop and communicate clear processes for mid and end of year review</td>
<td>HR lead</td>
<td>01/10/17</td>
<td>red</td>
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E: Which areas have high turnover?

<table>
<thead>
<tr>
<th>Department</th>
<th>Turn over</th>
<th>Reason for high turnover</th>
<th>Action taken</th>
<th>Risk rating</th>
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</thead>
<tbody>
<tr>
<td>Geriatric medicine</td>
<td>22%</td>
<td>High % of team over 50</td>
<td>Retirement clinics. Offered different retirement options (step down, bank shifts, wind down)</td>
<td>red</td>
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<tr>
<td>A&amp;E – X site</td>
<td>20%</td>
<td>Lack of support</td>
<td>Allocated time for team discussions and to agree new ways of working</td>
<td>red</td>
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Staff engagement and empowerment (1)

GETTING STARTED – ask yourself the following:

- What does our staff survey say (pulse and annual)?
- What forums are there for staff to raise/discuss issues and to suggest ideas for adoption both at ward/area and trust level?
- How do we engage with our local social partnership forum/trade union reps?
- How do we recognise and celebrate success? – ‘thank yous’ to formal recognition.
- Where staff identify an idea or opportunity, are they supported to develop this? Are there any examples of this that we can learn from?
- What do staff stay about the visibility of executives and senior leaders? Walk rounds, open door policies, clinics?
- How do you monitor your staff’s health and wellbeing?

What makes staff leave?

- Staffing levels
- Work pressure
- Feeling unsupported
- Not enough time to do the job well
- Inequity
- Poor work–life balance
- Burnout
- Increased patient expectations

What makes staff stay?

- Line manager relationship
- Role rotation
- Feeling valued/recognised
- Understanding the trust’s objectives
- Consistent approach to flexible working
- Being a positive and enjoyable place to work

There are lots of ways to engage and empower staff:

- ‘you said, we did’ or ‘we said, we did’
- ‘improvement/productivity’ champions across all staff groups, allowing staff space to consider improvements or different ways of working. In this way initiatives will be see as locally owned rather than introduced from the top down
- monthly staff forums/talk shops
- launch days for retention-related initiatives.

Case studies:

Frimley Health NHS Foundation Trust holds regular confidential forums at which staff of all grades/groups discuss difficult emotional and social issues/experiences arising at work in a safe environment. Giving staff the opportunity to express their concerns is known to reduce stress; it also gives insight into how staff want to be supported. Frimley has seen sustained reductions in turnover over the last three years.

Ashford and St Peter’s Hospitals NHS Foundation Trust’s chief executive talks about the benefits of the trust’s support networks in this video.

See Resources Royal College of Nursing healthy workplace toolkit; Point of Care Foundation website for information on supporting staff; NHS Employers website for advice on staff engagement.
Case study: Nottingham University Hospitals NHS Trust’s engagement survey revealed that 67% of nurses and midwives felt their suggestions were not followed through. Its response was to implement a collective ownership model involving four ‘councils’.

- **Unit practice councils** covering one ward/clinical area only and focused on implementing improvement ideas and tracking their impact with measurable outcomes. These monthly meetings led by a nurse or midwife give members (around five to six per council) across bands the opportunity to contribute to shaping the ways of working in the trust.

- **Specialty councils** covering more than one ward or clinical area – for example, the trauma and orthopaedic council sits across three wards. Two to three members of staff per ward represent their area on the council and their focus is both improvement and learning from practice on other wards.

- **Themed councils** sit across the whole trust and discuss and develop solutions to key themes raised by staff such as evidence-based practice or practice development.

- **Leadership council.** Chairs of all the above councils attend and report on their work to the leadership council. They answer three questions:
  - What are you working on?
  - What’s going well?
  - What do we need help with?

The model puts staff at the centre of decisions and enables staff from all levels to contribute to innovation. More information is available on the [NUH website](http://www.nuh.nhs.uk).
Case study: Wrightington, Wigan and Leigh NHS Foundation Trust has made an open pledge to its staff on what it will deliver/provide for its staff, and described the expected impact of these promises on key clinical and workforce metrics.

Our People Promise

Case study: Norfolk and Suffolk NHS Foundation Trust ran a series of listening events called ‘What makes a good day?’ and ‘What makes a bad day?’ At these forums staff could share experiences and come to terms with significant change at the trust.

Staff have also been central to the development of their values, making everyone aware of them (97% of staff knew of the values within one year of their launch) and using them in appraisals and induction.
Case study: Sandwell and West Birmingham Hospitals NHS Trust has developed a website that gives staff easy access to promotions and discounts from over 700 retailers, including Sainsbury, Tesco, Boots, Morrisons and B&Q.

By helping staff to save up to £1,000 a year the trust is increasing employee engagement, commitment and loyalty. The website has over 2,300 users. Nursing turnover has dropped by 2% in the past 12 months.
Case study: Buckinghamshire Healthcare NHS Trust carried out a detailed analysis to answer the following questions:

- Why do staff join the trust?
- What factors can influence the decision to leave?
- What factors can influence the decision to stay?

The trust’s retention action plan focused on career development, including their offer to those over 50, and making staff feel healthy and valued.

GET STARTED

Ask yourself – can our staff see how to progress their career in the trust and do they know the options and support open to them to do this?

- Map out what your staff want you to offer at different stages of their careers – new starters, mid-career, nearing retirement – and what you do offer
- Map out career pathways in the trust so staff can see how they can develop at the trust (see Barking, Havering and Redbridge case study – page 14)
- Promote roles and opportunities through career clinics and online support
- Ensure appraisals/development chats are regular, simple and focused on what can be done to drive change among staff (see Sandwell and West Birmingham case study – page 15).

Recognize
- Monthly CARE awards
- Annual staff awards
- CEO blog

Line management
- Leadership development programme
- Programme for B6 and B7 staff

Health & Wellbeing
- Case management approach
- Investment in wellbeing

Listen and share best practice
- Held focus groups with existing nurses; surveyed staff
- Exit interviews
- Nurse Retention Workshop
- Wrote to all nurse retirees
- Joined NHS Employers programme
- Feedback Friday programme

Celebrate success
- Leadership conference showcase of areas of good practice

Education & career support
- Itchy feet 1:1 offered by ELD team
- Simplified internal transfer process for B5 and B6
- Redesigned appraisal
- Manager toolkit
Case study: Barking, Havering and Redbridge University Hospitals NHS Trust has developed career pathways ‘on a page’ to show staff the extent of the opportunities available to them. Larger versions are provided at the end of this document.

**CAREER ON A PAGE: Apprentice to WARD MANAGER in ten years**

**CAREER ON A PAGE: Apprentice to advanced PRACTITIONER in ten years**

**MIDWIFERY CAREER ON A PAGE: APPRENTICE TO ADVANCED PRACTITIONER IN TEN YEARS**

**AHP CAREER ON A PAGE: APPRENTICE TO ADVANCED practitioner IN TEN YEARS**
Case study: Sandwell and West Birmingham Hospitals NHS Trust has developed a simple personal development review template that all staff are expected to complete. This is driven by the organisation’s values.
GET STARTED – new starters

✓ Is your preceptorship long enough? Many trusts are developing a two-year programme of support to reduce the risk of staff leaving after 12 months
✓ Do you adequately support new staff through a robust induction process into the organisation? Consider developing a support system, perhaps drawing on the experience of the ‘retire and return’ workforce. New staff may not want to direct all their questions to their new line manager
✓ Where can new staff go if they have a problem or want to ask a question? Consider using a buddy system
✓ Do you run career clinics and show new starters what pathways are open to them?
✓ Do your leaders and managers hold ‘get in touch’ days to meet new recruits from outside their area of work?
✓ Do you bring new staff together at social events and give them shadowing opportunities in areas other than the one they work in?

Case study: Mid Yorkshire Hospitals NHS Trust runs a graduate nurse induction programme (watch this video). New starters attend four workshops on different topics which give the necessary information to support them through their transition. A closed peer Facebook network for new starters is set up.

The trust has also introduced a three-step career pathway (fresher, junior and senior) so that fellow staff can easily identify where a band 5 nurse is on their career journey.

Impact: 9% increase in staff recommending the trust as a place to work and 4% increase in staff recommending the unit they work on.

Case study: Kingston Hospital NHS Foundation Trust gives all new starters the opportunity to increase and widen their skills through bank working and being paired with a senior staff buddy. New starters can send questions to a system that provides a quick response and action from staff.

The induction programme covers all corporate induction requirements, CRS training, medicines management, and dementia and delirium workshops. The relationships new starters develop going through this programme – with each other and with the practice development team – provide an ongoing support network.

All students also receive an offer of permanent employment.

Case study: Blackpool Teaching Hospitals NHS Trust is investing in its future by giving work opportunities to people in the local community. The scheme means the trust can nurture its future workforce by instilling the vision and values of the organisation at an early stage.
GET STARTED
✓ Map out the needs of staff in mid career (eg flexible working, desire to try something new, education opportunities) and what you offer these staff?
✓ Check whether your trust has an issue retaining these staff – leavers data, focus groups
✓ If it does, survey staff/run focus groups to find out what more you can do
✓ Develop a proposal with managers to offer greater flexibility or new opportunities
✓ Raise awareness of the opportunities that are available (eg provide a way for staff to register interest in different areas of work)

Case study: Sheffield Teaching Hospitals NHS Foundation Trust – flexible working
The trust offers a range of long, standard and term-time shift options to meet staff work–life balance challenges through flexible working. These include:
• term-time only contracts – reviewed annually by the trust
• annualised hours – working time is calculated on the basis of hours per year, rather than week, and is remunerated in equal monthly instalments, meaning staff can work flexibly but still have a fixed monthly income
• job sharing scheme – the hours/sessions and responsibilities of one full-time job are shared between two members of staff
• career break – staff can take unpaid leave of up to five years without this counting as a break in service
• home working – staff can have more flexibility around family routines and reduce commuting time and travel costs by working from home (where appropriate)
• zero hours contracts – staff have a contract with the trust but this does not commit them to work a set number of hours.

Smaller trusts may find it harder to offer this range of options but the relative benefits of each can be tested with staff. More information on what Sheffield offers is available on its website.

Case study: Medway NHS Foundation Trust had a particular problem retaining staff in the emergency department (ED) and the ED had a significant number of vacancies. The trust implemented a period of guided clinical practice and for experienced nurses introduced the opportunity to attend BSc/MSc programmes at local colleges and universities. Within 12 months the ED was receiving enquiries from people wanting to work there. In a year the vacancy rate has dropped from 65% to 14%.
Tailor your offer – mid-career opportunities (2)

Case study: University College London Hospitals NHS Foundation Trust has made it easier for staff to transfer internally between jobs, offering them exciting opportunities that lead to them staying longer. It developed an internal transfer scheme that fast tracked nurses for sideways moves, reducing the complexity and the time taken to fill roles. The process can be completed within weeks and has provided the trust with rich insight into its staff and issues with particular areas. The trust can also promote internal transfer to wards/departments with high vacancy rates.

The trust is measuring the impact of this scheme from:
- monthly nurse leaver data
- exit interviews from both the trust survey and careers clinic interview
- number of contacts and expressions of interest to transfer clinic
- number of requests to transfer and success rate.
- reasons for transfers.

Results
- Nurses were immediately interested in this scheme and the pilot was quickly opened to all band 5 and 6 nurses, and then to unregistered staff and senior nurses.
- 162 nurses have successfully transferred under this scheme, often within weeks of applying.
- Given the recruitment cost for a band 5 nurse is between £1,000 and £9,000, this scheme is also saving the trust money, as well as being one reason for the trust’s relatively low turnover rate among comparable trusts.

“I feel lucky to have a careers clinic available to help nurses like me empower change in our own careers.”

Week 1

Nurse attends careers clinic to discuss career pathway and vacancies

Week 6

Nurse registers interest to transfer and submits application form authorised by line manager

Transfer agreed. Existing & prospective manager confirm transfer date

Vacancy exists in area of interest – recruiting manager interested to meet

Nurse retained through structured support with new career pathway

STEP 1
STEP 2
STEP 3
STEP 4
STEP 5
STEP 6
STEP 7
Tailor your offer – over 50s

GET STARTED – your offer to the over 50s

- Know how many of your employees are approaching retirement age, what age staff tend to retire at and whether any staff groups are at particular risk of losing staff through retirement?
- Understand why staff choose to retire for good. Not all staff will want to return but the numbers that do will be heavily influenced by what roles they are offered, as well as flexibility
- Refine your current offer to make it more attractive by addressing the above reasons. Consider the complete range of retirement options and the feedback from your staff
- Raise awareness of the opportunities available and help staff assess them by, for example, targeting communication at this group of staff and running workshops

Retirement options:

- wind down: working fewer days
- step down: less demanding role with fewer responsibilities
- draw down: staff at minimum pensionable age take between 20% and 80% of their pension while continuing as NHS employees
- retire and return: retire, claim pension benefits and then return to work for the NHS trust

Case study: Buckinghamshire Healthcare NHS Trust set up a working group to look at why its staff over 50 were retiring and what would induce them to continue to work for the trust. As a result of what it found the trust now offers several flexible retirement options and a bespoke training programme for the over 50s.

The trust is also developing a talent pool of older nurses who can provide much needed guidance, coaching and mentorship. Managers are now better equipped to understand and support the wellbeing of the older workforce. This programme has contributed to the trust reducing staff turnover by 2% in 12 months.

See Resources
Department of Health, Retire and Return Guidance; Royal College of Nursing, Valuing older workers
Case study: The Nightingale Programme at Guy’s and St Thomas’ NHS Foundation Trust aims to standardise elements of the shift across selected inpatient wards on the premise that a shift should run the same and patients know what to expect regardless of who is on duty. It has been led by a group of ward sisters and matrons who have been fully engaged from Day 1. The chief nurse had the idea for the programme while watching how consistently an airline cabin crew carries out procedures on a flight.

The 'model ward' includes the following elements:

Phase 1 is now being embedded and the trust has already seen an improvement in team working and effective communication. Staff are more likely to leave work on time and feel more supported.

“...It is good we are tackling how we can leave on time.”

“The huddle is very good – you can be out of your depth and nobody will know, it helps me to know if my colleagues need help!”

“Staff introducing themselves at the start of shift helps me to know who everyone is”
Collaborate with neighbouring organisations

GET STARTED

- Identify existing groups in your region to enable working together, and consider local workforce action board and HR director network opportunities for finding out more
- Identify the scale of turnover in your region and why staff move to neighbouring trusts
- Identify areas where you could benefit from collaborative working, e.g:
  - rotational posts
  - joint preceptorships and training, shared banks and aligned bank rates
  - joint recruitment campaigns

Case study: Capital Nurse Programme. London has high staff turnover and movement between trusts. The goal of the programme is to ensure London has the right people in the right numbers to become nurses with the right skills where needed. It has involved three workstreams:

  - training – to ensure London remains an attractive place to train as a nurse (including standardised postgraduate training, supporting students through graduation and registration)
  - recruitment – to deliver an employment guarantee for all London-educated nurses and to streamline employment processes
  - retention – to embed ‘nurse friendly’ employment practices to make nurses feel valued, engaged, developed, supported and able to make a positive difference to patient care. This includes opportunities to pair up with experienced nurses, rotation schemes, practice study tours and career clinics.

Outputs of this project include improved staff engagement, a common outcomes framework for preceptorship and career progression, and reduced agency spend.

Case study: North East London Foundation Trust (NELFT) is running several rotational nurse programmes so that its nurses can work in different settings (mental health wards, primary care providers, acute A&Es) and different organisations. Staff have been rotated across different organisation using honorary contracts.

The programme aims to provide staff with exciting opportunities but also to ensure staff and patients see mental and physical health as connected and equal.

Email nurserotation@nelft.nhs.uk for further information.

“As a newly qualified nurse the rotational programme here in NELFT has given me the ability to enrich my clinical skills, to develop my knowledge academically and has facilitated networking with staff across the trust.”

“I automatically assess all my patients’ mental and physical health.”
Helpful resources


- Royal College of Nursing – Valuing older workers [https://www.rcn.org.uk/professional-development/publications/pub-005696](https://www.rcn.org.uk/professional-development/publications/pub-005696)


- Royal College of Nursing – Healthy workplace toolkit [https://www.rcn.org.uk/healthy-workplace/healthy-workplaces](https://www.rcn.org.uk/healthy-workplace/healthy-workplaces)

- Capital Nurse Programme [https://www.healthylondon.org/workforce/capital-nurse](https://www.healthylondon.org/workforce/capital-nurse)


- Black Country Apprenticeship Academy [http://www.nhsapprenticeshipacademy.co.uk/](http://www.nhsapprenticeshipacademy.co.uk/)
Career pathways to ward manager (Barking, Havering and Redbridge University Hospitals NHS Trust)

CAREER ON A PAGE: Apprentice to WARD MANAGER in ten years

BHRUT/HEE Pre-registration Education Delivery Model
Year 0 – 3

NOVICE LEVEL:
Foundation Level Practice

- Care Certificate
- Nursing Associate Band 2
- Healthcare Assistant Band 3
- Nursing Apprenticeship

BHRUT/HEI Post-registration Infrastructure and Delivery Model
Year 3-10

COMPETENT LEVEL:
General Level Practice

- Graduate Nurse Band 4
- Nurse Associate Band 4
- Graduate Entry Student Nurse

- General Level Practice 18 – 24 months (general & rotational programmes)

PROFICIENT LEVEL:
Advanced Level Practice

- Staff Nurse Band 5

- Change pathway: Education Research Advanced Clinical Practice

EXPERT LEVEL
ward manager

- Advanced Practice I
- 12 – 24 months (foundation specialist training)

- Advanced Practice II
- 24 – 48 months (speciality training)

- Senior Sister/Charge Nurse Band 6
- Change pathway: Education/Practice Development Research Advanced Clinical Practice Leadership

- Matron Divisional Nurse Deputy Chief Nurse Band 8-9
Career pathways to advanced practitioner (Barking, Havering and Redbridge University Hospitals NHS Trust)

CAREER ON A PAGE: Apprentice to advanced PRACTITIONER in ten years

BHRUT/HEE Pre-registration Education Delivery Model
Year 0 – 3

NOVICE LEVEL:
Foundation Level Practice

Care Certificate

BHRUT/HEE Post-registration Infrastructure and Delivery Model
Year 3- 10

COMPETENT LEVEL:
General Level Practice

Nursing Associate training 24 months

Graduate Nurse Training 18-36 months

Graduate Entry-Student Nurse

Staff Nurse Band 5

NEWLY REGISTERED NURSE RETURN TO PRACTICE

ADVANCED PRACTICE I
12 – 24 months (foundation specialist training)

Junior Sister Band 6

Managerial Change, Education, Research, Advanced Clinical Practice

PROFICIENT LEVEL:
Advanced Level Practice

Advanced Practice II
24 – 48 months (speciality training)

Senior Sister/Charge Nurse Band 7

Change pathway: Education/Practice Development Research Advanced Clinical Practice Leadership

EXPERT LEVEL:
Advanced Practice III
Corporate Leadership and Management

Matron Divisional Nurse Deputy Chief Nurse Band 8-9

ADVANCED PRACTICE III
12 – 24 months (speciality training)

Change pathway: Education/Practice Development Research Advanced Clinical Practice Leadership
Midwifery career pathways (Barking, Havering and Redbridge University Hospitals NHS Trust)

MIDWIFERY CAREER ON A PAGE: APPRENTICE TO ADVANCED PRACTITIONER IN TEN YEARS

PRE-REGISTRATION TRAINING

PRECEPTOR MIDWIFE
Preceptorship Practice

Midwifery Practice
12 months (rotational programmes)

Midwife
Band 6

Newly Registered Midwife
Return to Practice

Registered Nurse
(30 week degree programme)

Change pathway: Education
Research Mentorship

EXPERIENCED MIDWIFE

General Midwifery Practice
6 - 12 month (rotational programme)

Senior Midwife
Band 6

Change pathway: Education
Advanced Midwifery Practice

Leadership and Ward Management

LEADERSHIP AND MANAGEMENT

Corporate Leadership
and Management

Advanced Midwifery Practice

Midwife Band 7/8
Team Leader
Specialist Roles

Specialist Roles
Consultant Midwife
Matron

BHRUT/HEI Post-registration Infrastructure and Delivery Model

SENIOR MIDWIFE

Core Midwifery Roles
Band 6/7
AHP CAREER ON A PAGE: APPRENTICE TO ADVANCED practitioner IN TEN YEARS

BHRUT/HEE Pre-registration Education Delivery Model
Year 0 – 4

NOVICE LEVEL:
Foundation Level Practice

Therapy Care Certificate
Therapy Assistant Band 2
Therapy Apprentice Band 3
Therapy Discharge Assistant Band 4
Graduate Entry

Student Therapist
Therapy Assistant Band 3
Therapy Assistant Band 4
Graduate Training 18–36 months

General Level Practice
18 – 24 months (general & rotational programmes)

Specialist Practice
12 – 24 months (rotational training programme)

Advanced Practice 1
24 – 48 months (speciality training)

Extended Scope Practice
Clinical Specialist Consultant Therapist
Therapy Manager
Divisional Management Band 8-9

Therapist Band 5
Newly Registered Therapist

Therapist Band 6
Senior Therapist Band 7

Change pathway:
Extended scope practice
Clinical Specialist Education Research

BHRUT/HEI Post-registration Infrastructure and Delivery Model
Year 4 - 10

COMPETENT LEVEL:
General Level Practice

PROFICIENT LEVEL:
Advanced Level Practice

EXPERT LEVEL
Advanced Level Practice

Advanced Practice II
Leadership and Management