

Improving staff retention – case studies

Using staff engagement and marketing

Tameside and Glossop Integrated Care NHS Foundation Trust

What was the problem?

The trust was identified as one of 20 with a higher than average turnover rate for registered nurses – reported at 16.1% in 2016/17 by NHS Improvement. Diagnostics revealed the four most common reasons for leaving as ‘unknown’, flexible working, relocation and retirement. Of the nurses who left, 33.4% did so in their first year and 52.9% in their second year. The exit questionnaire response rate was less than 10%, so the trust realised it lacked a lot of information.



What was the solution?

The trust focused on staff engagement to understand the full picture, as well as developing its brand and marketability. Its initiatives included:

- **focus groups** in areas with low turnover, low sickness and high engagement to ask: why do people leave, why do people stay, what could be different and what is good already?
- promoting the exit questionnaire through focus groups, on social media and through an electronic exit questionnaire system; developing an exit questionnaire dashboard to summarise information from leavers
- creating the **senior independent nurse** role to have ‘itchy feet’ conversations with staff (see Annex – Item A)
- developing a ‘**You said, we did**’ poster (see Annex – Item B)
- a significant focus on social media branding and marketing **#TeamTameside**, including a suite of videos such as ‘**24 hours in #TeamTameside**’ and **GIFs**.

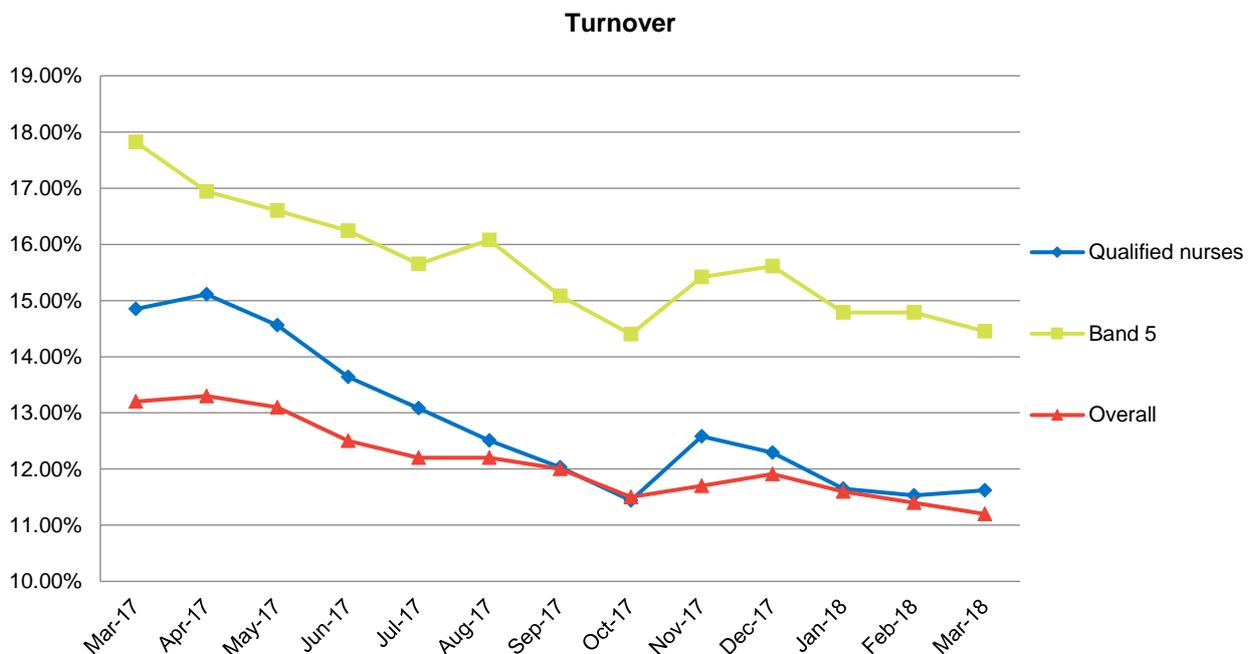
What were the challenges?

- Getting engagement at every level of leadership – from board to ward manager. This needed ongoing conversations and a regular governance structure.
- Changing mindsets – moving from a culture in some areas of “we don’t have the staffing levels to support flexible working/internal transfer” to starting to think “what’s possible?”
- Trying to understand the trust’s unique selling points – people had different views on this, which did not necessarily match job candidates’ views.

What were the results?

Nursing turnover fell from 14.85% in March 2017 to 11.62% in March 2018, while overall turnover fell by 2% in the same period (as at March 2018).

Figure: Staff turnover 2017/18



What were the learning points?

To listen to staff, engage with them and invest time. Look at the data and don't make presumptions.

Remember you don't 'retain' staff: they choose to stay with you. Try to understand what makes the difference to them.

Although best practice from other trusts can be helpful, don't assume it is right for your organisation – it is not 'one size fits all'.

The most senior levels in the organisation need to commit to improving retention to make a genuine difference.

Next steps and sustainability

- Continuing engagement with leavers through exit questionnaires and telephone calls, and with existing staff through monthly focus groups.
- A new and refreshed campaign every quarter including posters, ongoing communications with staff and social media engagement.
- Starting to think about 'what next?' once the action plan is completed; looking at a more locally owned, iterative 'staff experience and engagement' process.

Want to know more?

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To see the other case studies in this series: visit NHS Improvement's website at: <https://improvement.nhs.uk/resources/improving-staff-retention/>

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Annex

Item A – Senior independent nurse

SENIOR INDEPENDENT NURSE – Fingertip Briefing. January 2018

During October and November 2017, a series of fingertip briefings were issued. Those briefings all related to safeguarding children but such was the amount of positive feedback on the style of the briefings that the corporate nursing team will continue to use them to supplement communications.

This briefing outlines the role of the senior independent nurse.

Who is the senior independent nurse?

The role of senior independent nurse sits with the deputy chief nurse; this is a senior position independent of the operational divisions in which the majority of our nurses, midwives and care colleagues are employed.

What is the role of the senior independent nurse?

This is not a role known to exist in other foundation trusts. It is one that our ICFT has created in relation to us prioritising nursing and midwifery retention.

During the summer of 2017, the feedback obtained via exit interviews and questionnaires suggested that some of the nurses and midwives leaving our organisation might have been persuaded to stay had they been able to speak to someone outside of their own line management structure to explore career opportunities at the ICFT, or just simply obtain some careers advice.

Once it was known that a colleague was leaving our organisation, senior engagement was too late; colleagues had already accepted a position elsewhere and therefore this role, as part of the role of the deputy chief nurse has been created.

The senior independent nurse is available to all registered nurses and midwives wishing to explore solutions enabling them to continue their career here within the ICFT.

Inevitably some colleagues approaching the senior independent nurse will have already had conversations with their line manager but it is not a prerequisite. Some colleagues may ask that their contact with the senior independent nurse is kept confidential and confidentiality

will always be respected but if solutions are to be/can be created to enable colleagues to continue their career within the ICFT, it is always going to be the case that the senior independent nurse will need to speak to the line manager and/or nursing/midwifery leaders within the divisions.

The role of the senior independent nurse must not be confused with the Freedom to Speak Up guardian.

The Freedom to Speak Up guardian is available to all ICFT colleagues who may be worried about raising a concern.

The senior independent nurse is available to try to broker/explore career opportunities for registered nurses and midwives, where possible avoiding their resignation from the ICFT. Of course, some colleagues will always have to leave the ICFT if their career is directed towards services not provided in Tameside and Glossop. To those colleagues, the senior independent nurse is available to undertake an exit interview.

What should I do if I am thinking of contacting the senior independent nurse?

Firstly, think about what it is that you would like to achieve. This will help to shape your conversation.

Secondly, take a copy of your most recent appraisal with you when you meet the senior independent nurse. This will give her some line-management insight into your practice.

If this is a new role? How will it be evaluated?

The only criteria we will use at this stage is how many colleagues contacted the senior independent nurse to explore opportunities and of those colleagues how many continue their career with the ICFT six and 12 months after meeting the senior independent nurse.

To enable this evaluation, the senior independent nurse will keep a record of all contacts, the advice and outcome. Non-identifiable reports will be submitted quarterly to the workforce committee led by the director of human resources.

Item B – ‘You said, we did’ poster



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