Improving staff retention and career progression

In this article...

- Recruitment and retention problems within the trust
- Design and development of the transfer programme
- Tangible benefits of the initiative

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Abstract


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One trust developed a job transfer programme to improve job satisfaction, promote staff progression and reduce the number of skilled staff leaving the organisation.

Retaining nurses has been a concern for some time: in 2014, nursing vacancies were at their highest national levels for 15 years (Stephenson, 2014). The picture at University College London Hospitals Foundation Trust was no different: our overall nursing vacancy rate of 16% at the start of the year was close to the London average (at that time) of 17%. We placed great emphasis on hiring the best nurses and nursing assistants but knew that, while actively recruiting, we were also losing a high percentage of our existing workforce. Annual figures showed nursing staff were leaving at a concerning rate – 648 nurses were hired that year but 443 left.

The Shape of Caring Review (Health Education England, 2015) reminds us that the current workforce is as important as that of the future. Lack of attention and investment in improving skills and developing pathways will result in losing them. Maben et al (2012) noted that investing in staff wellbeing is important, as levels of satisfaction and wellbeing of NHS staff and patient experience are linked. With this in mind, it was vital for UCLH to look at how to retain our current skilled staff. To meet our patients’ expectations, more is expected of our staff – they must acquire greater skills and be flexible in their approach.

Exit questionnaires and independent market research with staff highlighted why nurses were leaving, including:

- Being unaware of all in-house opportunities available;
- A lack of career prospects available;
- Minimal managerial support to apply for lateral/promotional roles internally;
- Frustration at repeating trust clearances when applying internally, despite information being stored centrally on the electronic staff record.

Opportunities in-house were available but the formal recruitment and selection process was off-putting and existing staff were occasionally overlooked; this was not helped by the trust being large and having multiple sites. The costs of filling gaps with temporary workers were fast becoming unsustainable, putting additional pressure on permanent staff to provide cover.

The solution

The retention strategy was established to stem the flow of leavers and improve job satisfaction while supporting personal development and raising morale and confidence. Two unique nurse-led initiatives were proposed, piloted and introduced:

- Careers clinic to enable them to seek professional careers advice;
- Fast-tracked recruitment and transfer process for staff interested in a sideways move to another specialty.

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5 key points

1. Engage with staff early on and ahead of implementing a new scheme to explore requirements and expectations
2. Communicate effectively to enable the initiative to maintain momentum
3. If staff are leaving your organisation, develop a process to find out why
4. Evaluate the project and share any successes
5. Replicate the transfer process for other professional groups to retain the wider workforce

Trusts can often prevent staff from leaving by enabling them to develop their skills.
Nurses were told about the initiatives via staff forums, newsletters and the intranet. By investing in, and retaining, its own staff, the aim was to reduce turnover and the reliance on temporary staffing.

Method and approach
Led by the deputy chief nurse with a dedicated project lead, the project was trialled from June until September 2015 to assess whether the trust could proactively retain its nursing workforce. A steering group representing the nursing and workforce teams (with co-opted staff representatives as required), was established to design and implement improvements. Matrons, sisters/charge nurses, registered nurses and the wider organisation were encouraged to contribute by the project team, which sought comments/feedback and ideas.

Conducting an end-to-end review of the internal recruitment process, and analysing and understanding why nurses were leaving was key. Pre-employment checks for internal transfers were overhauled in line with the NHS Employers Employee Check Standards (NHS Employers, 2014) and the streamlining pre-employment work stream in London, a piece of work being led by 10 London trusts to reduce the time to hire between NHS trusts.

Nurses can transfer to another specialty by registering their interest in it, filling in a short application form and submitting it to their line manager for transparency and assurance that they are not subject to any capability/disciplinary process. This also gives the manager a chance to negotiate with the careers clinic lead an appropriate release date and see whether there are any individuals on the transfer list wishing to move to their ward; the reference request and chasing-up process was removed. The careers clinic lead can then align the areas of requests with vacancy data – where these match, a transfer can be facilitated.

The trust’s size and many sites meant it was a difficult to convince all individuals, managers and hospitals to change their policies and processes in such a short space of time so a pilot was carried out in one clinical board to prove the concept. Engagement at the most senior levels and bringing people together to share best practice and work collectively was vital.

Measures
To assess and monitor the impact of the change initiatives, a range of measures was agreed. These included an analysis of:

» Number of contacts to careers clinic;
» Reasons for transfers;
» Number of requests for, and successful, transfers.

Additional measures were set up to prevent wards from destabilising with a rise in vacancies in areas seen as less popular. A vacancy rate of <40% meant a transfer was delayed until the ward was safely staffed; a transfer date would then be agreed.

A review of the transfer requests showed several were from band 6 nurses. Initially out of scope of the original pilot, this group could only apply if they chose to downgrade to band 5. Due to the volume of band 6 transfer requests, the pilot was later opened to this group. Unlike with the band 5s, the transfer for band 6 roles would not be confirmed from the outset – each application was carefully considered due to the specific criteria attached to the more senior role.

Evaluation
During the pilot, 43 nurses at bands 5 and 6 were retained as a result of the initiative, either as a result of a discussion with the careers clinic (30 nurses) or a transfer (13 nurses). All of these nurses had been or were contemplating looking for external opportunities; a few were considering an internal move but were unsure of opportunities available to them. Due to the success of the pilot in retaining nursing staff, and with a gradual reduction of nurse leavers during this time, the nursing initiatives were permanently adopted.

Following the pilot an additional 42 band 5 and 6 nurses have transferred internally to other specialties within the organisation. This figure also includes three band 6 nurses who chose to downgrade and transfer to band 5 positions, due to the specific skills required for specialist areas. A further 51 nurses are currently registered to transfer but are dependent on vacancies in the areas of interest. Eighty-five nurses have attended the careers clinic to explore the learning and development opportunities that are available; all were in the process of exploring new opportunities and confirmed they were looking outside of the organisation for other roles.

The new process allows nurses to forecast their own career path and benefit from a wide range of in-house opportunities available, developing themselves in their own choice of specialty. Although nurses are leaving one specialty, they move to another, remaining trust employees. Furthermore, the time to hire staff through the transfer process is significantly reduced with no pre-employment checks required and the only delay for the transferee being their notice period – in any event, this is no longer than eight weeks from the date the transfer had initially been agreed.

Before a transfer is considered and agreed, nurses can work a bank shift to trial a specialty of interest to help them decide whether they would like a permanent transfer. This allows them to reflect on their possible career path to ensure potential job aspirations are clarified and expectations met by the nurse and prospective manager.

Both initiatives have given us as a trust the chance to invest in and improve our leadership and training. It has also helped drive forward a transparent culture – sisters/charge nurses work in greater partnership with their peers to support the needs of the future workforce. Moreover, the new lateral transfer process works in practice and is flexible enough to allow for local variations.

Financial implications
On average, the cost of recruiting a band 5/6 staff nurse is between £1,000 and £9,000, depending on whether recruitment campaigns are national or international, and/or whether the vacant post has been filled using a recruitment agency requiring an agency premium. The costs for hiring nurses include:

» Advertising;
» Shortlisting;
» Interviewing;
» Enhanced Disclosure and Barring Service check;
» Visa (if applicable);
» Assessment, which includes clinical scenario testing;
» Pre-employment checks and facilitation of a recruitment administrator;
» Trust induction.

With a transfer process in place, the trust has not needed to use international or national recruitment campaigns to fill all nurse vacancies, which has resulted in a cost saving. Additionally, significant savings have been made on recruitment time. Typically, it takes approximately 16 weeks to recruit an external band 5 staff nurse, which includes pre-employment checks and notice period duration. The new nurse would then need to be supernumerary...
BOX 1. CASE STUDIES

Case study 1
Bruna Machedo was working in the theatres department as a band 6 nurse. She has since transferred to the accident and emergency department and opted to downgrade to a band 5, given the nature of the specialty.

“The careers clinic explained the transfer process in full to me – all the steps – while also answering my concerns promptly. Once a post was identified, it arranged the transfer meeting, which was fast and straightforward. Following the transfer meeting, I received a letter confirming the transfer arrangements which, again, was straightforward and clear. I believe that this new process is an excellent move for the organisation. I wanted to develop my skills and challenge myself professionally and A&E is definitely allowing me to do so. I am very happy with the change.”

Case study 2
Dominika Krauze joined the trust as a newly qualified nurse in March 2015 and her first job was working in a neurosurgery ward. Once she passed the trust’s probationary period and gained six months’ post-registration qualifications experience in an acute setting, she requested a careers clinic appointment to enquire whether University College London Hospitals could support her in her career ambitions to become a critical care nurse. She followed the transfer process route in October 2015 and joined the critical care team as a band 5 nurse in January 2016.

“The careers clinic lead, who had helped me with the process, was very approachable and always able to answer any questions I may have had. Also, she always kept me updated with progress. I first spoke to her about my interest in critical care at a careers clinic appointment and she was very supportive and explained clearly how the transfer process works. There was never a misunderstanding that could have potentially led to a delay.

“The entire process is very simple, which saves a lot of time and frustration that would usually come with applications and the recruitment process. This concept gives nurses the opportunity to work in areas they are passionate about and where they want to pursue careers without having to relocate to other trusts.

“This has definitely been the right change for me as critical care was always the area where I wanted to work – this dates back to times when I was a nursing assistant in critical care before I had even started my nursing course! Critical care is a highly demanding work environment, which requires strengths in many different aspects, including knowledge, skills, physical and psychological. I am learning new things on every single shift. It is, at times, challenging but I find it incredibly encouraging.”

Case study 3
Claudia Spiwok worked as a band 5 staff nurse in surgical intensive therapy unit in neurosurgery. At the end of November 2015, she transferred to accident and emergency as a band 5 nurse.

“The process was very straightforward and there was great communication between my line manager and the A&E manager and with the careers clinic lead. They coordinated my start date and were supportive in giving me annual leave before I transferred.

“It is so nice not to have to repeat pre-employment checks and undertake the assessments. The only thing I would like to see implemented is an internal online database with all my courses, certificates and training in it; it would save a lot of time finding the papers, making copies and giving it to the new clinical practice facilitator. I am so happy with my move to A&E”.

Additional benefits
We now engage far more proactively with nurses who may be seeking a new position elsewhere or considering a move. We can highlight the opportunities available and provide them with career options they may not have sought out themselves.

Another unintended consequence of this initiative is that during the first two months it became apparent that two wards had a higher-than-average number of nurses wishing to transfer. This allowed for a further “deep dive” by the leaders in those areas to identify long-standing issues affecting retention and staff morale.

The impact and effectiveness of this initiative is clear: through unique innovation and engagement, staff are reaching their maximum potential and prospering in their career at the trust while continuing to deliver safe, professional care. Furthermore, turnover has lowered, halving the nursing vacancy level to just under 7%, and the trust has saved some £528,000 in recruitment and temporary staffing costs.

This initiative is one of several – including national and international recruitment campaigns, refreshed branding and marketing, enhanced use of social media, and the creation of a talent pool for nursing assistants – that has enabled us to reach and sustain our target reduction in vacancies. Case studies (Box 1) show staff’s views of the scheme.

Next steps
This project is being trialled for nursing assistants, another group in which turnover is high, as it recognises the value they bring to the organisation. We intend to apply the model to allied health professional staff and may also do so in partnership with other NHS organisations across the local health economy as a joint initiative to retain the workforce. NT

References

For more on this topic go online...
- The use of exit interviews to reduce staff turnover
  Bit.ly/NTExitInterview

(average of three weeks) as a new employee – as such, the nurse is not accounted for in permanent staff numbers for 19 weeks from when the post first becomes vacant. Generally, the vacant post would have been filled with bank/agency staff. With the transfer process, the time to hire has decreased, on average, to six weeks with a maximum of eight weeks if wards are at risk of destabilising due to high vacancies. This is a 13-week difference and a reduction in the need for a supernumerary period. The trust would have previously paid an agency premium of approximately £7,000 per nurse to fill the vacant post gap – with 42 nurse transfers to date, the trust could therefore be said to have made a saving of some £266,000.