



BOARD OF DIRECTORS MEETING (Open)

Date: 10th July 2019

Item Ref:

06

TITLE OF PAPER	Nurse Recruitment and Retention Update
TO BE PRESENTED BY	Caroline Parry, Deputy Director of Human Resources Anthony Bainbridge, Deputy Director of Nursing – Operations On behalf of Liz Lightbown, Executive Director of Nursing and Professions
ACTION REQUIRED	Board members are required to receive and discuss the paper and presentation.
OUTCOME	Board are aware of progress made to address the key challenges to nurse recruitment and retention.
TIMETABLE FOR DECISION	10 th July 2019
LINKS TO OTHER KEY REPORTS / DECISIONS	Monthly Safer Staffing Report Workforce and OD Strategy NHSI Cohort 2 Recruitment and Retention Plan
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	Strategic Aim: Quality and Safety Strategic Objective: We will deliver safe care at all times BAF Risk Number: A102i BAF Risk Description: Failure to deliver safe care due to insufficient numbers of appropriately trained registered professionals.
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	NHS Improvement developing workforce safeguards October 2016 National Quality Board, Safe Sustainable and Productive Staffing July 2016
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Insufficient nursing capacity and capability to deliver safe, high quality care.
CONSIDERATION OF LEGAL ISSUES	Failure to meet required regulatory care standards

Author of Report	Caroline Parry and Anthony Bainbridge
Designation	Deputy Director of HR, Deputy Director of Nursing - Operations
Date of Report	5 th July 2019

SUMMARY REPORT

Report to: BOARD OF DIRECTORS

Date: 10th July 2019

Subject: Nurse Recruitment and Retention update

Author: Caroline Parry, Deputy Director of Human Resources and
Anthony Bainbridge, Deputy Director of Nursing - Operations

1. Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
				X	

2. Summary

Nurse recruitment is a national issue, there are significant staff shortages across the country in many parts of our workforce; however, shortages in nursing are the single biggest and most urgent we need to address. There are vacancies across all areas of nursing nationally, with the most significant shortages in mental health, learning disability, primary and community nursing.

A number of factors are influencing the position including the age profile with over a third of nurses over 55 years of age, and a shift in the profile of newly qualified nurses mainly around the younger age bracket. Changes in nurse education and the removal of bursary system (which did not produce enough nurses, and the new system is predicted not to meet future needs). In the last few years there has been an increase in registered nurse posts in SHSC, and nationally due to the introduction of newer mental health teams (i.e. Clinical Decisions Unit) and new ways of working (i.e. 24 hour liaison). Last summer was very challenging at SHSC due to reconfiguration, new operational structures, attrition from some areas into new posts, and changes in HR. However, key people in HR and nursing came together to work on the nurse recruitment and retention challenges.

In January 2018 SHSC engaged in Cohort 2 of the NHSI Recruitment and retention programme. A 12 month plan was developed, with the following aims:

- Reduce the number of registered nurse vacancies
- Maintain or reduce level of turnover
- Retain skilled nurses over 50
- Increase the number of retire and returns

NHSI have reported that nationally there has been, on average a 1% improvement in turnover rates in Mental Health. The most recent retention data pack provided by NHSI indicates that SHSC performance against other mental health Trusts within Cohort 2, has seen a marked improvement in turnover for the Trust, with a reduction of 2.7% from Sept 2017 to Sept 2018 for all clinical staff.

3. Progress to date

(a) A number of actions have been taken over the past 12 months to support recruitment and retention, and progress made against the plan aims.

Recruitment and Retention Plan 2018/19 Aims	01/04/2018	01/04/2019	Impact
Retain number of registered nurses over 50yrs of age	Registered nurses over 50 (including Bank only staff) = 230 Excluding Bank only = 208	Registered nurses over 50 (including Bank only staff) = 216 Excluding Bank only = 191	↓
Increase number of registered nurses retired and returned	7	9	↑
Reduce the number of registered nurse vacancies	Vacancy at of 12% Broken down as follows: •Crisis and Emergency Care Network = 13% •Scheduled and Planned Care Network = 9% •Other areas = 10%	Vacancy rate of 14% Broken down as follows: • Crisis and Emergency Care Network = 15% • Scheduled and Planned Care Network = 12% • Other areas = 10%	↑
Maintain or reduce the level of turnover of registered nurses	8.9%	7.8%	↓
Total number of registered nurses	535 wte	563 wte (June 2019)	↑

(b) SHSC Areas with High Vacancies

The following provides a summary of the areas within the Trust that are particularly difficult to recruit to.

<p>Name of (hard to recruit to) Speciality 1:</p>	<p><u>Crisis and Emergency Care Network</u> <u>Dementia Bed Based Services</u></p> <ol style="list-style-type: none"> 1) G1 Inpatient Ward (16 beds) 2) Woodland View Nursing Home (30 beds) 3) Birch Avenue Nursing Home (40 beds)
<p>Why hard to recruit to:</p>	<p>Dementia bed based 24 hour services have traditionally, over many years, proved difficult areas to recruit in to. 24 hour shift patterns are not popular with practitioners choosing to work more regular patterns. This local picture is reflected nationally.</p> <p>Recently we have had increased vacancies on our Functional Older Adult Mental Health Ward, Dovedale. Current vacancies are 22%. Please note that this is due to movement of staff to other / Dementia older adult areas to support service need. It is not anticipated that there will be recruitment issue in the future.</p>
<p>Number of vacancies (WTE):</p>	<p>13 WTE (25%)</p>

<p>Name of (hard to recruit to) Speciality 1:</p>	<p><u>Crisis and Emergency Care Network</u> <u>Adult Mental Health Inpatient Wards</u></p> <ol style="list-style-type: none"> 1) Burbage 2) Stanage 3) Maple 4) Dovedale 5) PICU
<p>Why hard to recruit to:</p>	<p>Inpatient wards have traditionally, over many years, proved difficult areas to recruit in to. 24/7 shift patterns are not popular with some practitioners who choose to work more regular patterns.</p> <p>This local picture is reflected nationally.</p> <p>Locally we have implemented a successful recruitment campaign aimed at newly qualified nurses which has helped to stabilise the workforce. Recent attrition of band 5 nurses gaining promotion to band 6 posts in new teams (e.g. Decisions Unit, the expanding Early Intervention in</p>

	Psychosis EIP, Service & Perinatal Mental Health) is the major factor that the vacancy percentage remains high.
Number of vacancies (WTE):	16 WTE (17%)

Name of (hard to recruit to) Speciality 1:	<u>Crisis and Emergency Care Network</u> <u>Crisis Hub: Single Point of Access (SPA)</u>
Why hard to recruit to:	<p>The Single Point of Access was a newly developed service in 2018. At the point of operational delivery, the service was never fully staffed and there have been difficulties recruiting experienced band 6 mental health triage clinicians despite numerous recruitment campaigns.*</p> <p>The Clinical Decisions Unit (CDU) opened in March 2019 and at the point of operational delivery was never fully staffed. The situation in The Clinical Decisions Unit is improving and it is anticipated that by the end of the summer there will be full complement of registered nurses.</p> <p>*Recently, skill mix has been reviewed at The Single Point of Access and a new band 5 development post has been introduced. It is hoped that this will help on-going recruitment of registered nurses.</p>
Number of vacancies (WTE):	13 WTE (43%)

Name of (hard to recruit to) Speciality 2:	<u>Scheduled and Planned Care Network</u> <u>Learning Disability Service</u> <ul style="list-style-type: none"> • Inpatient ward (7 beds) • Community • Community Intensive Support Service
Why hard to recruit to:	<p>Learning Disability is also a difficult area to recruit in to. There is a shortage of students in training and some places are no longer offering LD Nurse training.</p> <p>In inpatient areas 24/7 shift patterns are not popular with some practitioners who choose to work more regular weekday patterns.</p> <p>This local picture is reflected nationally.</p>
Number of vacancies (WTE):	9 WTE (53%)

(c) Recruitment

1. An active rolling recruitment programme linked to a social media campaign was put in place to attract and engage nurses. This has involved close working between HR and nursing to ensure all enquiries regarding nursing received by the Trust receive an immediate response. This includes the offer of an informal interview slot at a convenient time.
2. We are offering preference interviews at the end of the second year of nurse training, with the intention of recruiting 90% of nurse students who have base placements at SHSC, this equates to approximately 40 students per year. Previously no targets were set, and approximately 50% of these cohorts would take up posts in neighbouring Trusts. Effective selection processes focussing on a less formal approach have encouraged more open conversation with candidates, to enable better exploration of core values and fit with the Trust. The process of nurse training is ultimately to meet competencies at various stages to successfully register with the Nursing and Midwifery Council, this provides the quality assurance to the process, supported by the required employment checks. This approach has led to an increase in student nurses who have placements in other trusts requesting informal interviews with SHSC. Successfully engaging ward managers to have confidence in this approach, has provided assurance that the quality of appointees is not compromised.
3. Investment in exhibition equipment and promotional literature to promote the Trust and nursing opportunities is enhancing the quality of our presence at Careers events. A film production company was also commissioned to produce short film clips of staff sharing their career experiences in nursing, which are being used for advertising of vacancies, and promotional opportunities with schools and colleges.
4. We are actively trying to attract ex qualified nurses or whose registration has lapsed into posts at SHSC, and over the past 12 months 5 nurses have returned to practice. This is another area of development to be further exploited, and we are currently in discussion with the Open University to look at the feasibility of shortening the programme to be completed in less than 3 years. The aim is also to develop Open University nurse training posts in individual teams.

(d) Training and Apprenticeships

1. **Preceptorship:** In conjunction with the pre and post registration training team, SHSC launched a new preceptorship support programme in October 2018. This involves preceptors attending 10 dedicated learning sets per year (time is protected to accommodate this), introduction of a new preceptorship competency document and post registration support from the training team. 7 learning sets have been held to date, with high attendance and high satisfaction demonstrated on evaluation. The preceptorship programme is a strong selling point for joining the organisation, with potential recruits citing this as a reason for wanting to join SHSC.
2. **Apprenticeships:** There is already a strong commitment to apprenticeships across the organisation however this is tempered with some degree of frustration that we lose well trained individuals to other organisations at the end of their apprenticeship. This is because we have no vacancies to offer them on

completion of the apprenticeship. The proposal is to link apprenticeships to vacancies for Band 2 support staff. Training routes will be offered for new starters and for progression/redeployment of existing staff which will have the following benefits;

- Increase apprenticeships and improve SHSC performance against the public sector apprenticeship targets.
- Fully realise the financial benefits of the levy.
- Using apprenticeship standards as a quality benchmark for Band 2 support worker roles
- Establish a robust career progression pathway for health and social care workers from apprenticeships through to qualified nursing roles and Advanced Clinical practice
- Support the delivery of the Trust Workforce Plan and builds a sustainable pipeline of health and social care support staff

These posts are currently being recruited into with over 170 applications received in June 2019.

(e) New Roles

Nursing Associates:

The role of Nursing Associate has been introduced nationally, with funding established for 7500 new training posts in 2019/20 academic year. SHSC currently has 6 trainee Nursing Associates, enrolled on the programme with the University of Sheffield, and we are currently recruiting into 11 new posts for the next academic year (2019/20). 130 applications were received, recruitment has been successful and for the first time a 'reserve list' has been created. The long term workforce plan for inpatient areas is to have a critical mass of 6 wte per area. It is worth noting that SHSC engaged in the Assistant Practitioner programme and successfully trained 4 staff members to work into Woodland View, an area traditionally difficult to recruit to.

The Assistant Practitioner programme has now been superseded by the Nursing Associate programme.

Advanced Clinical Practitioner:

In January 2019 4 Trainee Advanced Clinical Practitioner posts were established in Acute inpatient teams. This is a 2 year academic part time programme, that has been traditionally focussed on acute health care. SHSC has been one of the first mental health Trusts to introduce this role, and in June 2019 has successfully received funding from Health Education England to fund 11 further posts. These will now be extended to SHSC community services.

The focus of the post is to introduce a high level of clinical practice (Advanced Physical Assessment and Consultation (APAC)), a higher level of mental state assessment, alongside new ways of working. The posts are highly attractive and will attract non SHSC nurses to apply.

(f) Retention

Exit Data: Further work is to continue on exit data to understand reasons staff are leaving. The Leaver policy has been reviewed, and work is in progress on the redesign of exit interviews and opportunities for staff to engage in the process including offering an easy access survey monkey response, and more proactive exit meetings. The table below provides the top 5 reasons recorded on ESR for nurses leaving. The NHSI retention data provided for cohort 2 in which SHSC was included, covers all clinical staff, rather than just nurses.

SHSC Leaver(ESR) reasons (nurses)	Top 5 reasons (2018):	Top 5 reasons (2019):	NHSI Retention Data Cohort (2) 2019 (all clinical staff)
	<ol style="list-style-type: none">1. Retirement age2. Flexi Retirement3. Voluntary resignation (unknown)4. Promotion5. Worklife balance	<ol style="list-style-type: none">1. Retirement Age2. Flexi Retirement3. Employee Transfer4. Voluntary resignation (unknown)5. Promotion	<ol style="list-style-type: none">1. Retirement2. Pay/Reward3. Worklife balance4. Flexibility5. Progression/ CPD

Career Development and Succession planning:

A key element of the workforce strategy, has been to create a career pathway for nurses from apprenticeship through to Nurse Consultant/Advanced Clinical Practitioner. There is a much more proactive and successful approach in place and further developments are planned through the Trust Workforce planning group. to support career development.

Recruitment to Band 6 posts in G1 and Inpatient wards is difficult, and plans are in place to advertise a band 5 development post in September to help recruit into areas we have traditionally found challenging. Leadership programmes including Edward Jenner, Mary Seacole Local are supporting new nurses with management skills development.

Research opportunities:

Work on 'Mental Health Nursing Workforce Retention' is in progress following a successful bid to the Health Foundation. This along with other funding the Research Development Unit allocated around this topic has provided a great opportunity to be integral to developing evidence based practice, and gaining a greater understanding of the related issues.

Plans are also in place to extend research opportunities, with work on recruitment and resilience, and to have research champions on each ward.

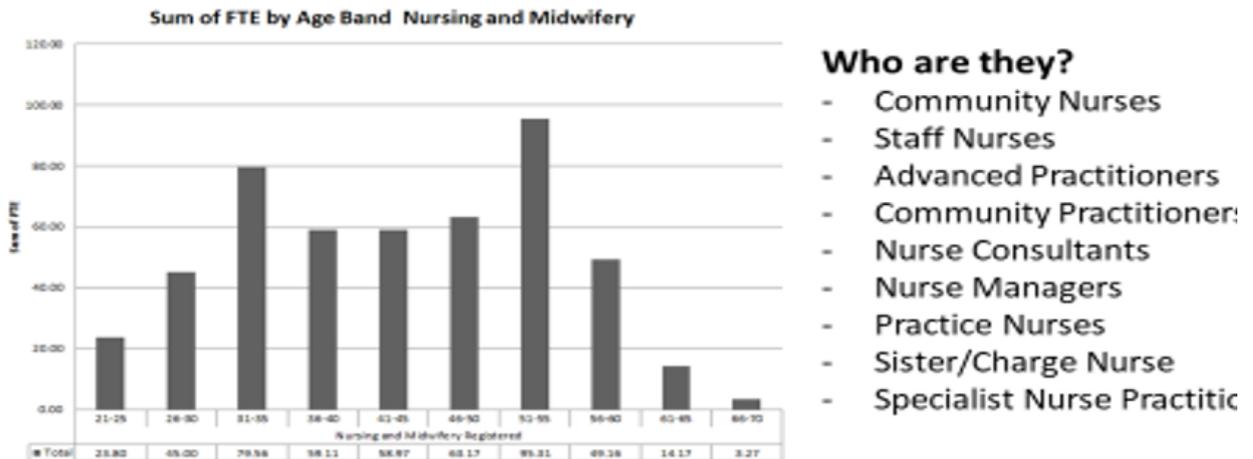
Jane McKeown has successfully been recruited to the 70@70: The NIHR Senior Nurse and Midwife Research Leader Programme, which will further expand and add value to the SHSC research capacity.

Nurse Rotation

SHSC has offered a nurse rotation post for 5 years, this has proved partially successful in attracting new registered nurses into the organisation. Yet few rotational nurses have left the organisation, usually securing a substantive post in one of the rotational teams. SHSC continues to offer rotation as an option, with a third of newly qualifying nurses wanting to take up rotational posts.

Supporting Experienced Staff:

The age profile of nursing staff at SHSC is predominantly over 50, see table below:-



Building on qualitative data gathered from previous workshops with the over 50s and the themes identified including; support needs, view of the Trust as a place to work, wellbeing, feeling valued, flexible working and roles and opportunities, some progress has been made in response to the feedback. Further engagement sessions are planned at Fulwood, Longley and Michael Carlisle late summer to enable continued engagement and feedback with this group to support retention actions.

Challenges and opportunities

The NHS Interim People plan was published on 3rd June 2019, outlining the national NHS workforce challenges structured around the following themes, within which there are immediate actions NHS organisations are required to take:

- Making the NHS the best place to work
- Improving the leadership culture
- Tackling the nursing challenge
- Delivering 21st century care
- A new operating model for the workforce
- Developing the full people plan

The key actions for nursing are:

- Supporting and retaining existing nurses while attracting nurses from abroad and ensuring we make the most of the nurses we already have within our NHS.
- Deliver a rapid expansion programme to increase clinical placement capacity by 5,000 for September 2019 intakes. Work directly with trust directors of nursing to assess organisational readiness and provide targeted support and resource to develop the infrastructure required to increase placement capacity. The post registration training team at SHSC are actively pursuing this initiative.

The plan also includes specific commitments to:

- increase the number of nursing placements by 5,700
- increase the number the number of nurse associates to 7,500
- increase the number of doctors and nurses recruited internationally.
- work with Mumsnet on a return to the NHS campaign
- better coordinate overseas recruitment.

The plan also includes a number of requirements for Integrated Care Systems (ICS) to develop and submit workforce plans. It will be essential to understand South Yorkshire & Bassetlaw ICS and ACP priorities for 'Tackling the nursing challenge' to work together, seize opportunities, and ensure our future delivery plans and actions are complementary.

4. Next Steps

The Trust workforce planning group, held a workshop on 14th May 2019 to consider the broader workforce in addition to nursing, and considered key areas including New Roles, Skills/Training, Finance and Change and Impact. This work will continue throughout the summer to build on the information gathered, to form the new Workforce and OD strategy and delivery plan.

Nurse recruitment and retention continues to be a priority for the Trust, and the consultation with the Workforce planning group will be broadened to ensure key stakeholders are able to contribute to the future actions required to address the nurse recruitment and retention challenges.

New recruitment and retention targets will form a key element of this, taking account of good practice and continued work with the NHSI retention programme, and the priorities set out within the NHS Interim People Plan.

5. Required Actions

Members of the Workforce and OD Committee have reviewed the update paper post EDG, via email, ahead of it being submitted to July Board of Directors.

Board members are required to receive and discuss nurse recruitment and retention progress, and next steps.

6. Monitoring Arrangements

The recruitment and retention plans for the next 1-5 years will form part of the refresh of the Workforce and OD Strategy delivery plan, and developed and delivered via the Trust Workforce Planning Group. Progress will be reported to the Workforce and OD Committee for assurance.

7. Contact Details

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