Good Governance Institute

The nursing journey:
recruitment and retention

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A Whitepaper from the Good Governance Institute (GGI)

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The Good Governance Institute is a unique organisation, specialising in governance review, implementation and strategic development of health and social care organisations. With roots in the NHS itself, since 2009 GGI has been independent and working with the boards and leadership teams of NHS, third sector and commercial organisations.

Executive summary

This report from the Good Governance Institute explores the issues of recruitment and retention of nurses in the NHS. To inform this paper we have read widely and also spoken to a range of senior nursing figures in and around the NHS.

We have found that, despite some positive initiatives, workforce challenges persist across the sector, including poor workforce morale leading to high attrition rates, an aging workforce, and an over-reliance on agency nurses and foreign recruitment. In particular, the use of foreign and agency staff can never be more than a short-term solution to what is a major problem for the NHS going forward and as such universities, trusts and other organisations will need to do more to ensure that their students and workforce are happy, supported, engaged, and appreciated.

Ultimately, we outline a number of recommendations which we feel can help address the problems detailed in the report. Paramount among these is the need for greater nurse consultation on the on-going development of workforce initiatives.

The nursing journey: recruitment and retention

The challenges facing the nursing workforce in the United Kingdom (UK) are well known and well documented. Funding cuts, underdeveloped workforce planning, an over-reliance on agency and foreign staff, and issues around job-satisfaction paint a less than rosy picture of the current state of nursing. But does it need to be this way? This report by The Good Governance Institute (GGI) will explore the nursing journey from recruitment to retirement, highlighting key challenges and opportunities, before outlining some central recommendations indicating where improvements can be made.

Setting the scene

Since the Francis report found that "poor leadership, tolerance of poor standards, inadequate staffing levels, recruitment and training" had contributed to the failings at Mid Staffordshire NHS Trust, there has rightly been much emphasis on improving the recruitment and quality of nurses in the UK.[1] Indeed, since 2010, there has been a sustained focus to put the quality of patient care at the heart of the NHS. Conservative Party figures suggesting that nearly 7,000 nurses have been recruited to this aim, with another 6,500 promised in the wake of their victory in the 2015 General Election.[2]

However, these figures are misleading. Although it is true that a push from NHS England has seen an increase in the number of nurses in acute settings (between August 2012 and December 2014 10,322 nursing posts were created), the same cannot be said for mental health, learning disabilities, and community nursing.[3] In total, these three specialties have lost 8,904 posts with learning disabilities hit particularly hard losing almost 30 per cent of its workforce.[4]

Overall, research by the Royal College of Nursing (RCN) suggests that the headcount number of nurses, that is the total nursing workforce, has actually dropped by 1,845 between May 2010 and December 2014 meaning significantly fewer qualified nurses in the NHS[5]; whilst a whitepaper produced by the Economist Intelligence Unit finds that "although staffing is the biggest single cost for the NHS, the UK had just 2.8 doctors and 8.2 nurses per 10,000 population in 2012 compared with OECD [Organisation for Economic Co-operation and Development] averages of 3.2 and 8.9."[6] The result is threefold:

* Safe staffing levels are being threatened
* Patient outcomes are in jeopardy
* Levels of stress and anxiety amongst nurses are rising

Most commentators agree that more work needs to be done to improve nursing recruitment strategies. Current reports indicate that there are up to 20,000 vacant nursing posts across the NHS (an average vacancy rate of 6 per cent) as well as an estimated 25,000 nurses who are expected to leave the Nursing and Midwifery Council (NMC) register this year, contributing to a significant gap that is likely to only be filled by expensive agency or foreign nurses in the short-term.[7] Conversely, in 2014 the RCN reported that the projected spend on agency nursing in the NHS in England was £980 million or £4.2 million per trust - enough to pay for 28,155 permanent nursing staff.[8] Certainly, this is an issue which NHS England, and the new Conservative government, are taking very seriously. Simon Stevens, NHS England Chief Executive, has outlined plans for clamping down on temporary and agency staff in the NHS from July 2015, describing the challenge of converting temporary staff into permanent roles as the NHS's "single biggest operational financial risk".[9] Strong engagement of the current nursing workforce in order to ensure "flexible and attractive employment opportunities" will be crucial in ensuring the success of this transition.[10]

One viable and relatively cost-efficient way of filling this glut of posts is the training and recruitment of student nurses and indeed, the five years between 2009-2014 have seen an increase of 33 per cent in the number of people applying to study nursing, clearly demonstrating the appeal of the profession.[11]

1) The Guardian (2013) 'How will nurses and their leaders respond to the Francis report?'
2) The Nursing Times (2015) 'What pledges has the Conservative Party made regarding nursing and the NHS?
3) The Royal College of Nursing (2015) 'Frontline First: The fragile frontline', p.11
4) Ibid, p.11
5) Ibid, p.3
6) The Economist Intelligence Unit (2015) 'The NHS: How does it compare?', p.12
7) Registered Nursing Home Association (2014) 'Response by the Registered Nursing Home Association to the call for evidence to a partial review of the Shortage Occupation Lists for the UK and for Scotland', p.2
8) The Royal College of Nursing (2015) 'Frontline First: The fragile frontline', p.19
9) BBC (2015) 'Simon Stevens interview: Dealing with agency staff is NHS's 'biggest operational risk"
10) Ibid.
11) The Royal Collage of Nursing (2015) 'Frontline First: The fragile frontline', p.20

Unfortunately, the number of student commissions has not kept pace with this, still lagging behind 2009 levels, and way below levels of demand. In 2014, some 30,000 students, or more than 60 per cent of applicants, were turned away from nursing courses as a result of funding issues. Despite calls from Health Education England to increase commissions by 4.5 per cent in 2015 this gap is unlikely to be bridged anytime soon.[12]

It is therefore arguable that adequate workforce planning for recruitment and retention has simply not taken place. The proportion of the nursing workforce over the age of 45 now stands at around 45 per cent, with almost a third of nurses in mental health over the age of 50.[13] Retirement ages for many nurses have historically been set at 55 years, and as such there are not enough nurses entering the system to fill this gap nor counterbalance the skills and experience loss that is taking place. Indeed, data from the RCN indicates that in 2014 the number of full-time posts at band 7 had declined by 2,360 (4.5 per cent) and the number of full-posts at band 8 by 1,633 (11 per cent) whilst the number of band 5 and 6 nurses has disproportionately increased.[14]

Nurse pay bandings are covered by the Agenda for Change pay scales with higher bandings used to denote seniority. Bands 7 and 8 usually indicate a nurse advanced, a nurse team manager, a modern matron, or a nurse consultant, with bands 2 to 6 covering more junior posts. With the exodus of experienced nurses in higher bandings there is a real danger that nurses entering the workplace will lack the leadership skills and access to mentoring to facilitate sustainable and constantly improving quality of care.

Likewise, the recent announcement that The National Institute for Health and Care Excellence (NICE) has suspended with immediate effect its work to determine safe staffing levels across the NHS, is a cause for concern. NHS England will now be responsible for the development of robust safe staffing guidance, something Susan Osborne, the Chair of the Safe Staffing Alliance campaign group, has called this move "dangerous for patients and a backward step."[15] Sir Robert Francis had previously advised NICE to develop "evidence-based tools for establishing what each service is likely to require as a minimum in terms of staff numbers and skill mix" as part of his review of Mid Staffordshire, and NICE's subsequent guidance on safe staffing levels, both on adult inpatient wards and maternity settings, had been credited with helping to drive the recruitment of permanent nursing staff.[16] NHS England will now need to ensure that decisions on safe-staffing levels are not influenced by the need to reduce deficits, nor by the promise made by Jeremy Hunt to curb agency spending within the NHS.

As many nurses are now choosing to work part-time, to do agency work or to leave the profession, retention is clearly an issue. Numerous studies have indicated the significance of job satisfaction, particularly in the early career, but also later on, in the continuing employment of nurses. In 2008, it was reported that in the UK by the third year post qualification only 82 per cent of registrants were still employed as a nurse, which not only illustrates the lack of preparation that a nursing qualification brings today, but also the disillusion that many new nurses have in their experience of work.[17] In 2004/05 the number of new entrants to the UK nursing register from the UK was around 20,000 and so, taking the aforementioned statistics into account, somewhere in the region of 4,000 nurses were lost by 2008.[18] The cost of this turnover to the NHS is staggering: each nurse trained in the UK costs the NHS upwards of £70,000, whilst actively recruiting a nurse from overseas costs an NHS Trust as much as £2,500 before wages are taken into account.[19] Addressing the root causes for nurses leaving would result in huge cost-efficiencies for the NHS.

Quality of patient care, relationships with co-workers, scope for training and career progression, and also salary have each been demonstrated to be important indicators of nurse morale. The increased workload as a result of staff shortages, the lack of funding provided for further education and pay freezes as a result of government austerity measures are all contributing to declining job satisfaction. Indeed, an open letter published in The Guardian and signed by a number of senior nurses and researchers is particularly damning, arguing that "for nurses, the current NHS business ethos of wanting more for less exhausts us, stresses our managers, robs us of their support and leadership, encourages bullying, silences whistleblowers and holds down pay."[20]

12) Ibid, p.20
13) Ibid, p.3
14) Ibid, p.23
15) Nursing Times (2015), 'Shock as NICE halts work on nurse staffing levels guidance'
16) Sir Robert Francis (2013), 'Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – Volume 1: Analysis of evidence and lessons learned (part 1), p.243
17) Policy plus evidence, issues and opinions in healthcare (2008) 'Preserving the nursing work: the importance of job satisfaction in early career', p.1
18) Royal College of Nursing (2006) 'Worlds Apart? The UK and International Nurses', p.5
19) The Telegraph (2015) 'Trust pays an agency nurse £2,200 a day'
20) The Guardian (2015) 'US and British health specialists support the NHS'

Fundamental to changing this ethos is soliciting quantitative and qualitative nurse feedback throughout all stages of the career and more work will need to be done to understand what is driving nurse disillusionment.

The recent King's Fund *Quarterly Monitoring Report* hints at this, pinpointing staff morale, for the third consecutive quarter, as the number one concern raised by trust directors.[21] Similarly, the 2014 NHS Staff Survey revealed that:

- 39.5 per cent of NHS staff had suffered from work-related stress
- 44 per cent said they were unable to manage the conflicting demands on their time
- 47 per cent that staffing issues were impinging on their ability to do their job properly[22]

In 2014, NHS Employers estimated that over 30 per cent of all sick leave in the NHS is now caused by work-related stress, roughly equating to £400 million of costs each year.[23]

Nursing trends follow this pattern. In January 2015, The Guardian reported that:

- In London, one in every 29 nurses were off work ill with stress at any one time and that "the number of nurses' working days lost to stress at the 28 acute trusts and three mental health trusts (in London) rose from 38,654 in 2012 to 57,156 last year (2014) – a rise of 48%"[24]
- In Wales, the number of nurses who took time off due to stress rose by 17 per cent
- In Scotland, stress-related sick days rose by 34 per cent[25]

A survey conducted by the Nursing Times also found that upwards of 60 per cent of nurses have suffered the side-effects of work-related stress and that 66 per cent felt their ward was either always short-staffed or short-staffed more than once a week.[26] The outcome is declining workforce morale and worsening patient care.

GGI interviewed a range of senior nursing professionals and staff to further unpick the issues facing the nursing profession today. As expected, particular attention was drawn to recruitment, retention, and return to work initiatives (as part of recruitment). This report will look at each of these elements in turn before exploring some possible solutions to these by looking at some examples of best practice in relation to staff engagement.

21) The King's Fund (2015) 'Quarterly Monitoring Report'
22) NHS Staff Surveys (2014) 'Briefing note: Issues highlighted by the 2014 NHS Staff Survey in England'
23) NHS Employers (2014) 'New guidance to help NHS managers reduce stress in the workspace'
24) The Guardian (2015) 'Nurses at breaking point as numbers off work with stress soars'
25) Ibid.
26) The Nursing Times (2014) 'Stress levels at work making nurses ill, survey finds'

1 Recruitment

For many of our interviewees current nursing recruitment and retention issues were neither unpredictable nor surprising, with one describing the present situation as a "deja vu moment." Lessons have not been learnt from the separate nursing 'crises' of 1992 and 1998, where amongst other factors, economic difficulties inhibited the development and retention of nurses and facilitated the move to overseas recruitment. This peaked in 2001/02 when upwards of 50 per cent of the total new admissions to the UK nursing register were from outside the UK.[27]

Today, that figure has declined to the point where overseas workers now represent 22 per cent of the nurses and midwives joining the NMC register.[28] In that time we have also seen a shift to greater recruitment from the European Union (EU): in 2001-2 the share of newly registering nurses/midwives from the EU was only 7 per cent. By 2009-10 that had climbed to 78 per cent.[29] However, with nurse shortages a problem in other European countries and more people choosing to exercise their free movement rights, workforce planning is becoming increasingly difficult and the UK now faces a struggle to attract the best foreign nurses.[30] Regardless, a reliance on overseas nursing could never be anything more than a short-term solution and focus should be given to encouraging the right people to become interested in nursing.

This was an issue readily picked up on in conversation with nursing leads. Issues at the core of job satisfaction such as developed career pathways, opportunities for progression, and professional support are, of course, key to developing recruitment into nursing. Emphasis will also need to be placed on ensuring that recruitment strategies address both the needs of today, as well as those of the future.[31]

Five themes run through our research into recruitment and are dealt with in detail in this chapter.

I   The need for greater collaboration

Interventions specific to nursing recruitment included awareness raising initiatives such as placing emphasis on the importance of nursing from an early age and, in particular, on illustrating clearly how the profession impacts on patient care, as well as overall family and community wellbeing.

The theme of information sharing was a common reference in relation to examining innovative approaches to recruitment. Examples were given of consultants being closely linked to universities and organising work placements for younger people interested in medicine. It was suggested that the nursing sector could benefit from similar ways of working, with nursing leadership forging links to develop collaborative working around the recruitment pathway. This deepening of collaborative working and information sharing across universities and providers would also benefit workforce planning, particularly in ensuring greater pick up around certain specialties, for example geriatric nursing.

II   Values based recruitment

The benefits of considering alternative models of recruitment were echoed in the notable positive developments evident around values based recruitment. The push towards values based recruitment, which has intensified in the wake of the Mid Staffordshire NHS Foundation Trust Public Inquiry, is a particularly interesting development for the nursing workforce. Values based recruitment is now a core objective in the Mandate from Government to Health Education England (HEE) and HEE's national Values Based Recruitment Framework, published in October 2014, aims to ensure that by March 2015 all students are recruited to NHS funded training programmes against the values of the NHS constitution. It will also encourage NHS employers to do the same when recruiting employees. Research has shown that "values, traits, behaviours and motivational drivers are equally – and in some cases more – important" than recruiting against competencies, and we would support and encourage the wide implementation of values based recruitment.[32]

27) Centre for Workforce Intelligence (2011) 'Nursing and midwifery: Workforce risks and opportunities', p.20
28) The Express (2015) 'Anger at NHS 'mismanagement' as number of foreign nurses soars'
29) Policy plus evidence, issues and opinions in healthcare (2014) 'Nurse migration from the EU: What are the key challenges?, p.1
30) Ibid.
31) Health Service Journal (2015), 'The four steps to capitalise on talent management in the NHS'
32) Ibid.

Most of the people we spoke to suggested that their various organisations were already undertaking values based recruitment and that this was a positive change. Likewise, NHS Employers lists a range of Trusts where value based recruitment is now the norm. These include:

- Guy's and St Thomas' NHS Foundation Trust, where a bank of value based interview questions linked to the Trust's values and behaviour framework has been developed
- Bradford District Care Trust where values based interviewing has been introduced to closely assess a candidates potential within the organisation[33]

Recruiting students to university courses and then subsequently to nurse positions against the values of the NHS is a step in the right direction in ensuring that people with appropriate knowledge and understanding are entering the profession rather than purely those who meet stringent academic targets.

III   The shift to university-based training

It was argued there has been a shift from practice-based to academic-based nurse training, with much more emphasis placed on the theoretical elements of nursing care than before and perhaps less weight placed on fine-tuning practical skills. One commentator suggested that we "train people to pass their course but that does not necessarily make them a credible nurse" whilst another asserted that "one of the big things lost with the shift to university based training was that it became more about a qualification and not about people with the right values." Student nurses need to be able to relate to patients from a very early stage, and practical experience is the best way of encouraging and developing this: academic success should not be the sole indicator of a successful trainee nurse. The shift to values based recruitment should, to some extent, facilitate this change.

IV   Better preparation for the workplace

It was also argued that we need to better equip our student nurses to face the demands of entering a challenging and often daunting profession whilst also recognising that a nursing qualification is an extremely labour intensive and at times isolated undertaking and that more support needs to be given to students as they progress through this.

Many of those commentators we spoke to suggested that the high attrition rates in nursing degree courses and subsequently in the early years of a nurse's career was down to a lack of preparedness for the reality of nursing. More work communicating with, and gathering feedback from, newly qualified nurses will be needed to confirm this hypothesis. Regardless, these pressures underline the pressing need for more developed workforce engagement initiatives across the nursing sector. Nurses joining the profession today are 'millennials', born after 1980 and used, or indeed expected, to being asked their view and giving feedback instantly. The way they are being engaged throughout the recruitment process, from university to employment, has not changed to reflect this.

In 2015 the average dropout rate for student nurses at university in England was 20 per cent, with some schools experiencing up to 50 per cent attrition.[34] The impact of this both monetarily and also in terms of ensuring that there are adequate carers entering the system has led Lord Phil Willis to brand attrition rates the "Achilles heel of the nursing world."[35] The value of student nurses needs to be re-emphasised and those that are already training need to be effectively and properly supported to ensure they complete the course.

In one interview a student nurse highlighted the difficulties that she and many others face. She described how courses "cram so much in, it can become very stressful," how "there doesn't seem to be much communication between placement and university," and also that:

"you have to be extremely strong emotionally and physically to be a nurse… Although we had practical lessons to prepare us for our placements, many of the students, including myself, did not know what to expect from working in a hospital." [36]

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33) NHS Employers (2015) 'VBR case studies'
34) The Nursing Times (2015) 'Review identifies vital need to find out why student nurses drop out'
35) Ibid.
36) The Guardian (2009) 'Keeping nursing students on course'

Given this, we would also argue that more work should be done at the university recruitment stage to prepare students for the realities both of a nursing qualification and also subsequent employment. There is an abundance of young people applying for places on nursing courses and greater engagement earlier on would ensure that students are not blindly committing to the profession, to the benefit of everyone.

Communication between trusts, universities and students also needs to be improved and mechanisms for current students to contribute to the debate, as well as to voice concerns and positive experiences of nursing will be important to improving student retention rates going forward. Universities have a joint responsibility to prepare trainees for both eventual employment and the world of work, as well as ensuring the experience of practice as students is properly facilitated. One way of doing this is perhaps through the use of new technologies such as online communities and forums.

V   A later move to specialisation

Consideration will also need to be given to how students specialise within their degree courses. As mentioned, the push post-Francis has been for increasing the number of nurses in acute settings, perhaps to the detriment of community, mental health, and other specialisms. These disciplines are often extremely challenging areas in which to work, with a high emotional toll for staff. Students considering working within such areas will need to be fully prepared and supported to cope with the associated demands and rigours. It is therefore arguable that nurse training programmes may specialise in pathways too early on and that the more general nursing element of training is too limited. Certainly this is the feeling that came across from our interviews. At the outset of their training, students may not be fully equipped to make informed decisions about their future specialisms, and the NHS may be losing potential community, mental health and other specialist nurses as a result of this.

An additional benefit of specialising at a later stage is to encourage collaborative working between different nurses and also to ensure that specialist skills are not 'siloed' away. Those we spoke to emphasised the value of transferable skills and utilising multi-disciplinary teams as an effective approach to addressing the shortage of nurses in some sectors.

2   Retention

As indicated previously, workforce planning is equally as important to the retention of qualified nurses as it is to recruitment efforts. In this instance, the issue is around retaining an aging workforce whilst bringing enough skilled junior nurses through to replace them when they do decide to move on. The percentage of the nursing workforce over the age of 45 now stands at 45 per cent, up significantly from 1996 and 2005 when figures put the number of nurses in employment over the age of 50 as at 20.6 per cent and 28 per cent respectively.[37]

The problem is felt even more acutely in some regions and specialties. For example in the East of England, an RCN survey suggested that 98 per cent of practice nurses across the area were over the age of 40, and 48 per cent between the ages of 50 and 59.[38]

Retaining these nurses is crucial to preserving the nursing workforce in these regions. Not only do they play an important role in mentoring younger nurses, but are also more experienced and are allegedly preferred by patients who report a better experience under their care.

Five themes ran through our conversations around retention and are dealt with in detail in this chapter.

I   Encouraging non-practicing nurses to return

Those we spoke to placed value in the return to practice initiatives currently being implemented by HEE which encourage nurses not currently practicing to return to the profession, and offers additional support and training if they do, and also other flexible nursing initiatives. These schemes, HEE argue, "could form an important component of workforce strategies" but are"[currently] poorly understood and…[have] received comparatively little evaluation."[39] With greater feedback data the scale and value of these initiatives could be quantified and proved.

II   More open communication, feedback and support

A core tenet of retaining and recruiting nurses will need to be ensuring that they feel valued and have an adequate recourse to air any frustrations. One interviewee described how "nurses should be communicating loud and clear and not remain in silence," and also the need for the nursing workforce in general "to look further ahead and recognise their responsibility for raising concerns and driving change" with "governors, NEDs and ward managers to be seen as valuable resources in this regard."

Others emphasised the "value of team working and feeling respected" and also "having a supported workforce," as indicators of nurse retention, and research has demonstrated that patient outcomes and experience within trusts is significantly influenced by staff wellbeing.[40] The onus is on both the organisation, to provide adequate structures for nurses to relay their feelings and concerns, and on the nurses themselves to effectively communicate issues, best practice, and innovative ways of working, with the end goal being the improvement of staff morale and improved patient safety outcomes.

'Back to Ward' initiatives, whereby senior nursing staff work at least one shift a week on a ward, experiencing any challenges first hand and engaging in easy, informal communication with staff, can form part of the broader workforce engagement agenda. The traditional culture of senior staff only being present on wards when something negative happens is outdated. Nevertheless, sustained efforts are needed to ensure that the key insights of frontline staff are absorbed and feed into broader organisational strategy.

III   Opportunities for development

Other well-known indicators of staff satisfaction that were touched on in our interviews include good working conditions, fair pay reflecting experience and knowledge, and opportunities for learning and progression.

37) The Royal College of Nursing (2015) 'Frontline First: The fragile frontline', p.3
38) The Royal College of Nursing (2013) 'Practice nurses face challenges', p.3
39) Higher Education England (2014) 'Nursing Return to Practice: Review of the current landscape', p.3
40) Health Service Journal (2015), 'The four steps to capitalise on talent management in the NHS'

Particularly important within this is the scope for further study, feedback and improvement, and these need to be explored further. Many of our interviewees noted that given the current climate in the NHS, squeezed budgets, many trusts in deficit, and the need to find £22 billion of efficiency savings by 2020, there was a tendency for opportunities for training and development to be withdrawn first. Leadership development is frequently cited as one of, if not the most pressing workforce challenge facing the health sector and this will almost certainly worsen unless organisations effectively engage with, and put strategies in place to develop, future leaders.[41]

Interviewees revealed that they were aware of a general sense of frustration amongst nurses and whilst some felt that they were able to be developed in role, because of workforce pressures the majority were missing out on valuable improvement opportunities. Strong leadership is required to ensure that this investment is kept going, that dedicated time is set aside for professional development, and that opportunities are adequately communicated and fed back to staff.

The value of post-graduate opportunities in nursing was also underlined, particularly in terms of improving the quality of care and outcomes for patients. Several noted that without clear-cut development opportunities many nurses felt they were floundering with no defined pathway to promotion from a development perspective. More work will need to be done to bolster this in order for nursing to be recognised as a career which rewards hard work and ambition and in which you can visualise success.

IV   Increased focus on engagement

Recent work by the King's Fund has explored the value of engagement as an indicator, and developer, of strong leadership. They find that "there is strong evidence that leaders who engage staff, patients and others deliver better results on a range of measures," and that "the contribution of staff at an early stage of their careers to leadership and service improvement needs to be valued and recognised."[42] Leadership development, organisational culture, and engagement are therefore causal. Supporting and developing nurses throughout their employment to effectively develop and progress, as well as to embrace a variety of feedback loops will have a positive impact on engagement as well as patient outcomes.

Linked to this, the King's Fund have, working with Aston Organisation Development, developed a culture assessment tool, which allows organisations to measure the efficacy of their culture to deliver high quality, compassionate care. Particularly important within this is the extent to which staff within an organisation have clear goals and objectives and receive feedback on their performance.[43]

V   The impact of low retention on patients and budgets

Improved engagement should help combat the exodus of staff to agency roles. RCN figures reveal that agency costs rose from £327 million in 2012-13 to £485 million last year, and are projected to reach £980 million by the end of 2015.[44]

As well as the obvious monetary impact to the NHS, the use of agency staff also often results in a lower standard of patient care. It was commented that agencies do not tend to have a high enough regard for the importance of the continuity of care, that is keeping the same agency staff on certain sites for the betterment of patient experience, placing more emphasis on demand and profits. The allure of agency work is obvious: it provides the opportunity to earn as much as twice a full time nurse's salary at a time when pay freezes have hit staff particularly hard and frustrations are at a tipping point (the first nursing strike in 32 years took place in 2014).

The overwhelming majority of nurses enter the profession for caring and compassionate reasons. As such, more will need to be done to ensure fair and adequate compensation for their hard work, and ensure that frontline knowledge is engaged and the resulting insights utilised to drive positive health outcomes.

In the next section we look at some case studies to demonstrate the positive impact of increased staff engagement across a range of indicators.

41) The King's Fund (2015), 'Is lack of leadership talent a long-term condition for the NHS?'
42) The King's Fund (2012) 'Leadership and engagement for improvement in the NHS', p.vi
43) The King's Fund, ''Culture assessment tool'
44) The Royal College of Nursing (2015) 'Frontline First: Runaway agency spending', p.4

3 Staff engagement as a driver of organisation wide improvement

The RCN names two major objectives of staff engagement:

• Supporting personal development
• Enabling involvement in decision-making[45]

Engaging nurses has to entail more than a 'tick box' annual staff survey. It should focus less on survey scores and more on truly understanding nurses' opinions and suggestions for service improvement, as well as more targeted engagement on specific issues. There are several examples from within the NHS of where fantastic staff engagement is driving efficiencies both in terms of cost-effectiveness and patient safety. We explore a couple of these below.

I   Leeds Teaching Hospitals NHS Trust[46]

Treating approximately 1.5 million patients a year, and with over 15,000 staff, Leeds Teaching Hospitals is one of the largest acute trusts in the country. For many years the trust had consistently scored poorly in the NHS Staff Survey and was in the bottom 20 per cent of trusts across the country in a number of the survey's measures.

During 2013/14 a new executive team, Chair and Chief Executive were brought in to try and correct this and it was quickly decided that a focus on culture change and engagement were vital to the organisation's future success.

The result is the development of 'The Leeds Way', what the Trust does and how it does it, driven by staff engagement and feedback using an online crowdsourcing platform called 'WayFinder'. Using this tool the trust were able to gather over 45,000 staff contributions in support of the development of its vision, values and goals, as well as its strategy for achieving these. The result is staff feeling involved and supported and the improvements have been marked and tangible:

• The Trust's response rate to the Staff Friend and Family Test increased from 750 staff in Q1 2014/15 to 1,514 staff in Q4, with 68 per cent of staff agreeing that they would recommend the Trust as a place to work (up from 57 per cent) and 84 per cent agreeing they would recommend the Trust as a place to receive treatment up from 73 per cent
• The results of the 2012 NHS Staff Survey placed Leeds Teaching Hospitals NHS Trust in the bottom 20 per cent of trusts in the country in 18 indicators, by 2014 this had dropped to four
• The Trust was able to pick up and address a concern among staff around adequate staffing levels, approving an additional £6 million investment in nursing and midwifery staffing for 2014/15

II   Wrightington, Wigan and Leigh NHS Foundation Trust[47]

Wrightington, Wigan and Leigh NHS Foundation Trust is an acute trust, employing approximately 4,500 staff across three hospitals and three state of the art outpatient facilities. In 2011, as a result of NHS Staff Survey which indicated that the Trust was above the national average in just 21 per cent of the staff engagement measures, and below average in 55.3 per cent of these, the Trust, in partnership with its staff, developed 'The WWL Way', a vision for understanding, implementing and embedding staff engagement based around a trio of interventions.

Nicole Ferguson, Staff Engagement Lead at Writhington, Wigan and Leigh NHS Foundation Trust, states that since 2013, "the Trust has developed a diagnostic which can be used to track engagement at service level

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45) Royal College of Nursing (2012) 'Learning agreements: the benefits for employers in the NHS', p. 4
46) NHS Employers (2015) 'The Leeds Way – Our journey to be the best place to work'
47) NHS Employer (2014) ''The WWL Way' – Implementing sustainable staff engagement'

across nine different staff engagement enablers, as well as three sets of feelings and four sets of behaviours that demonstrate engagement in action. This diagnostic runs alongside a twenty-six week 'Pioneer' training and support programme, empowering our local teams to improve their own engagement levels, by applying their own combination of tools, in response to their own diagnostic data".

The outcomes of this have been phenomenal:

- The number of above average scores the Trust received in the NHS Staff Survey for 2012 increased by 64 per cent, and in 2013 these increased again by 15 per cent
- Writhington, Wigan and Leigh NHS Foundation Trust have seen a significant and sustained reduction in absence as a result of illness (down from 4.62 per cent to 4.17 per cent) and a decline in the use of, and expenditure on, temporary staffing (costs fell from £15 million to £12 million)

III   Learning from the private sector

Improved staff engagement is also driving efficiency gains and stronger organisational performance in the private sector. In particular, Questback has worked with a number of organisations to introduce meaningful ways of engaging staff, which ultimately lead to better business outcomes. One of the ways they do this is through innovative staff surveys which focus on four key areas:

- Are staff clear on and motivated by the organisation's strategy and goals and are these easily applicable to their team?
- Do staff feel empowered to drive continual improvements in the organisation?
- Do staff feel encouraged, supported and energised to work to their full potential?
- Would staff recommend the organisation as a place to work as well as its services?

An employee feedback programme that Questback helped one of the UK's largest retailers to introduce, combines an annual survey with a range of other employee feedback mechanisms. Like many NHS organisations, the retailer needed to engage with a large workforce, the majority of whom worked in shifts, rather than a standard 9-5 day. As well as the yearly survey, which combines quantitative and qualitative data on a range of areas, the organisation introduced an online 'staff community' platform. This enabled members of staff to exchange ideas, raise issues through different channels and provide collective feedback. Over 70,000 staff now use the community regularly, especially the discussion boards and the internal message feed. This has strengthened engagement between staff and the organisation and built a more cohesive organisation.

Similarly, a large international bank is using Questback to transform the way it collects and share information from its global employees by building a single, unified platform for employee insight. It takes feedback from a wide range of sources and provides analysis on an issues-led basis, in real-time. The data being collected is providing context for management actions across the organisation. An example of this relates to leaver data. By identifying all those employees who had left the organisation voluntarily during the previous year and comparing their survey data with those who stayed, the bank was able to identify employee engagement as a key predictor of actual future turnover. Furthermore, it was able to identify the main factors driving turnover within key populations such as high performers and identified talent, and the specific drivers of turnover in key employee segments such as graduates in emerging markets. Using this information, the bank was able to put in place specific programmes to retain key groupings of staff, and their skills, as well as improve its employer branding to better attract new colleagues in critical areas.

IV   The advantages of engagement

The benefits of increased staff engagement in general, and to the healthcare system in particular, are plain, and include:

- Authentic feedback and insight
- Rich input into strategic projects
- The facilitation of cultural change
- Improved staff retention
- Better patient experience

The business case for integrating regular staff engagement in an organisation's strategic planning is clear. The more staff feel their feedback is valued, listened to, and informs improvement initiatives, the more motivated and productive they are likely to be, and the less likely they are to leave.[48]

According to the King's Fund "organisations with engaged staff deliver a better patient experience, fewer errors and lower infection and mortality rates. Financial management is stronger, staff morale and motivation higher and there is less absenteeism and stress."[49]

Nurses have an expertise and working knowledge of the organisation that directors and managers cannot obtain themselves, but that is essential to improve the governance and strategy of an organisation. Especially when organisations face challenges, asking nurses for their ideas and suggestions on how these can be addressed, can be of immense value. Salford Royal Foundation Trust, for instance, used staff feedback to develop a strategy to reduce infection rates.[50]

However, the NHS Staff Survey 2014 shows that staff engagement is still underused and undervalued. Only 29 per cent of respondents agreed that managers act on staff feedback, although 74 per cent confirmed that they can make suggestions on how their team or department's work could be improved.[51]

Increasing the focus on meaningful staff engagement has huge potential, not only to improve quality, but also address the issues of retaining staff raised earlier in this report.

48) The Point of Care Foundation (2014) 'Staff care: How to engage staff in the NHS and why it matters', p. 13
49) The King's Fund (2012) 'Together we can: Leadership and engagement for improvement in the NHS', p. 32
50) Nursing Times (2012) 'Staff engagement: an essential ingredient for good management'
51) NHS Staff Surveys (2014) 'Briefing note: Issues highlighted by the 2014 NHS staff survey in England'

4   Conclusion

Despite some positive initiatives, workforce challenges persist across the nursing sector, including poor morale leading to high attrition rates, an aging workforce, and an over-reliance on agency nurses and foreign recruitment.

In particular, the use of short-term fixes such as foreign and agency staff has become commonplace within the NHS, used to paper over a problem that will only be solved when government, universities and Trusts come together in the development and implementation of long-term solutions. Although likely to be painful at the beginning, these will deliver lasting benefits. As part of this long-term vision, organisations will need to ensure that their students and workforce are happy, supported, engaged, and appreciated.

In its final section, this report has highlighted the value of continuous staff engagement and feedback and demonstrated the material and tangible ways it can improve morale, patient safety, and efficiency. The NHS faces an uphill battle to make required cost-savings by 2020, and the recruitment and retention patterns of nurses over the next five years will go a long way to determining whether they are achieved. Based on our research and conversations, we have therefore outlined eight recommendations for managers within the NHS, detailed in the next section.

5 Recommendations

I) Innovation. Universities and trusts should focus on new and innovative methods of recruitment, including Values Based Recruitment and early engagement with student nurses, in order to ensure alignment with trust and NHS values, and also the nature of nurse working.

II) Collaboration. Universities, trusts and other providers should work together to ensure information is shared effectively, and that instances of best practice are adopted.

III) Input. Nurse leaders should help shape and inform university courses in order to ensure that students are supported and developed appropriately, and that workforce needs are being met.

IV) Stronger support. Student mentorship by senior nurses should be facilitated by strengthening links between nursing leadership and universities, as part of offering practical experience during nursing training.

V) Focus on feedback. The student nursing experience should be improved through the adoption of appropriate teaching, engagement and feedback approaches designed to reflect modern working and learning realities. Crucial in this is the adoption of online communities and resources for support and the development of student insight.

VI) Training. There should be clear development pathways and opportunities for career progression including protected funding. Time for training opportunities should be supported and encouraged.

VII) Engagement. Organisations should focus on continuous workforce engagement initiatives to ensure frontline feedback is be adopted by both trusts and universities.

VIII) Integration. Given the high numbers of agency and foreign staff there should be sustained engagement initiatives across health and social care to integrate them more closely into the system, based on the gathering of quality feedback from these groups.