**CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST**

**Report of:** Director of Patient Services/Chief Nurse – Gill Heaton

**Paper prepared by:** Director of Nursing (adults) – Cheryl Lenney

**Date of paper:** March 2014

**Subject:** Workforce: Nurse Staffing – Recruitment & Retention

**Purpose of Report:** Indicate which by ✓
- Information to note ✓
- Support ✓
- Resolution
- Approval ✓

**Consideration of Risk against Key Priorities**

(Impact of report on key priorities and risks to give assurance to the Board that its decisions are effectively delivering the Trust’s strategy in a risk aware manner)

- Clinical effectiveness
- Patient and staff experience

**Recommendations**

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1. **Introduction**

1.1 This is the second in a series of papers provided to inform the Board of Directors of The position in regards to nurse staffing levels across the Trust

1.2 Further to the paper on nurse staffing provided to the Board of Directors in January 2014 this paper provides an update on the current and planned position on the recruitment and retention of nursing staff

1.3 The Board of Directors are aware of the national drivers and policy context which was set out in the previous paper (January 2014). This provided the guidance set out by the National Quality Board (NQB) on nurse staffing and this paper addresses the following NQB expectations:
Agenda Item 10.1

- No. 1. Accountability & Responsibility
- No. 7. Openness and Transparency.

2. Strategic Context

2.1 Nationally there has been an increased focus, specifically in the acute sector to increase nursing establishments and improve nurse staffing levels on the wards. As a result the majority of NHS Trusts are undertaking major recruitment initiatives for nursing positions.

2.2 The drive to recruit more nurses is against a background of a reduction in nursing and midwifery pre-registration commissions nationally in the last 3-4 years of 5%. There are minor increases anticipated during subsequent years, but these increases will not address the current and anticipated demand.

2.3 The Trust strategic direction provides additional challenges as it seeks to grow the nursing workforce to meet strategic service developments and additional commissioned activity resulting in a need to increase the nursing workforce.

2.4 Revised Royal College of Nursing (RCN) guidance was published in 2013 setting standards for the children’s nursing workforce. The recruitment of registered children’s nurses is a particular challenge nationally and it is acknowledged by Health Education England (HEE) that there are insufficient registered nurses available to meet the current demand. A position statement has been provided to HEE with a request to consider alternative routes to prepare children’s nurses, such as shortened training programmes for staff qualified in other nursing branches.

2.5 The age profile of many senior nurses is such, that a significant number are predicted to retire in the next 5 years.

3. CMFT – Current Position

3.1 As of end January 2013 there were 227.1wte vacant staff nurse posts within the recruitment process, which is an improvement from the November 2013 position of 296.3wte. The overall number of staff nurses in post has been maintained at 2222.50wte, which reflects the amount of effort being invested into recruitment programmes. Taking into account the turnover of staff especially at Band 5 staff nurse level, this means that the current recruitment level is simply maintaining the status quo rather than enabling wards to stabilise, retain staff and respond to increasing acuity and dependency.

3.2 There are currently 175 staff nurses appointed, but as yet not commenced in post waiting for pre-employment checks to be completed. In addition to this 34 staff nurses have been recruited from Spain and Portugal who it is anticipated will commence in post during April 2014.

3.3 The existing vacancies and plans for recruitment are based on the current nursing establishments. The Board of Directors are reminded that results from the acuity and dependency tool are yet to be presented to the Board. The second data collection is underway with a plan to provide the gap analysis to the Board following the third data collection in July 2014.
4. Children’s Nursing

4.1 The Trust is partially compliant with the RCN guidance for children’s nurses (2013). An increase in the children’s nursing establishment, with associated financial implications, would be required to achieve full compliance. Recruitment of children’s nurses is becoming increasingly challenging and action is underway to attract experienced children’s nurses to the organisation.

4.2 To achieve full compliance with the nurse: patient ratios set out in the RCN standards described in this paper within RMCH’s wards would require an increase of 50wte children’s staff nurses (band 5).

4.3 A further increase by approximately 40wte staff nurses would be required to achieve the standard of having a supernumerary co-ordinator on each shift.

4.4 RMCH is currently using a paediatric adaptation of the acuity and dependency tool. However, it is noteworthy that a validated paediatric tool is already available; the GOSH (Great Ormond Street Hospital) Paediatric Acuity and Dependency Assessment Tool and this may offer a more effective tool to inform children nursing establishments, however a purchase, licence and maintenance cost would apply.

4.5 Successful recruitment and retention is central to achieving compliance with the RCN guidance. An extensive recruitment campaign is underway and overseas recruitment is being explored. Discussions have been initiated with Health Education England and options to expand the available children’s nursing workforce will continue to be pursued.

5. Patient Safety

5.1 The Trust works in partnership with NHSP to provide temporary staff to fill shifts left vacant due to turnover, sickness and absence. NHSP and the agencies commissioned by the Trust are part of a regional framework which enables us to ensure the quality of staff provided. We are able to fill significant number of shifts with appropriately skilled and competent staff. As a result we are able to continue to safely provide care to patients.

5.2 Where shifts are not filled there are escalation processes in place locally to ensure wards are appropriately covered over the 24 hour period.

5.3 It is recognised that long term reliance on temporary staff places can be an added pressure on the substantive teams and can contribute to staff dissatisfaction and increased turnover.

6. Recruitment Initiatives

6.1 The paper received by the Board of Directors in January 2014 indicated that based on existing turnover and vacancies it was necessary to appoint 34.4wte registered nurses per month. Since the implementation of the new recruitment processes in November 2013 (excluding the overseas recruitment) we have exceeded this requirement appointing an average of 58.3wte per month. However it is predicted that we are unlikely to be able to sustain this level of recruitment based on the potential available workforce and demand locally and nationally.
Introduction of a ‘one stop shop’ approach to group recruitment days reducing the length of time to recruit. Time to fill in December for this staff group has decreased by 20 days.

Following support from the Board in January 2014, overseas recruitment within Europe has commenced. Successful recruitment in Spain and Portugal during February 2014 has provided 32 staff nurses. A further recruitment campaign is planned in Romania at the end of March where current expressions of interest from prospective candidates indicates the ability to appoint at least 40 staff nurses. The recruitment of European nationals will be evaluated from a staff and patient perspective.

International recruitment to source paediatric qualified nurses is challenging as most overseas countries do not have a specific speciality qualification for pediatrics. Some universities within Italy deliver nurse education that the NMC recognise as being equivalent to UK Child branch registration and work is being undertaken to explore this possible source of staff.

Bespoke recruitment strategies are being utilised within areas where supply of staff is challenging. Success with this approach within theatres provided 39 appointments to this speciality area, which is the largest number of appointments made in this area for a number of years. Currently this approach is being utilised within Children’s and plans are in place to undertake a similar process with adult emergency services. This approach will be evaluated and continued where appropriate.

Divisional nurse recruitment leads receive weekly reports and meet with members of the recruitment team to review candidates within pre-employment phase and agree specific actions to progress appointments. Clear escalation standards have been agreed to ensure this phase of the recruitment process is timely and efficient.

Monthly summary reports are provided to the Heads of Nursing in relation to recruitment and retention.

Key to meeting our staffing needs will be the recruitment of the September student nurse and midwife finalists. Comprehensive work is already undertaken with our partner universities to promote the Trust, attend open days and support these individuals in applying for posts through providing a careers day within each Higher Education Institute. Group recruitment sessions in June and July have been increased to 2 per month in an attempt to attract and secure these key individuals.

Working with Manchester Metropolitan University to commission a cohort of Return to Practice students solely for CMFT. The Trust has had previous success with this approach and is providing feedback to HEE to influence a national campaign.

It is clear from the above that retaining our current workforce would not only reduce the costs and time invested in heavy recruitment initiatives but there is significant evidence that retaining skilled and competent staff improves patient experience, the overall quality of patient care and staff satisfaction.

The current turnover for staff nurses is high at 15.7%, with particular challenges within Medicine & Community (19.2%), Clinical Scientific Services (18.2%), and Trafford Hospitals (17.6%). Specific work is being undertaken supporting the Heads of Nursing within these areas to develop strategies to retain staff.
7.3 Summary of actions taken:

- More detailed exit interviews are being encouraged to understand the reason why nurses leave the Trust
- Heads of Nursing are requested to ensure that their retention plans are expressed in the divisional business planning cycle
- The current Trust preceptorship programme provides support for newly qualified staff for the first 6 months. It is planned to expand both the duration and content of this programme to 12 months, incorporating not only support for newly qualified staff in the transition to their qualified role, but also to include development of clinical skills. The appointment of 2 Preceptorship Facilitators utilising preceptorship funding received from HEE will support this work.
- All new starters attend corporate and clinical mandatory training on their first 2 days within the Trust. It is planned to extend this period of induction to 1 week to allow new staff nurses to gain a number of key skills prior to commencing in clinical practice (i.e. drug administration and observations recording competency)
- Work is taking place with the Heads of Nursing to look at establishing rotational posts, as feedback from newly qualified staff indicates that a number of individuals would welcome this type of programme during their first 18 months-2 years.
- Work is taking place with Human Resources colleagues to support the transfer of staff between divisions to vacant posts, where an individual expresses an interest in a different area of work. This will avoid individuals leaving the Trust to seek new opportunities
- Divisions are ensuring that Matrons and Lead nurses meet with newly appointed staff nurses to provide professional and pastoral support
- A senior nurse development programme is being reviewed to invest in future nurse leaders
- Nurses have been encouraged to apply for the national leadership programmes
- The Chief Nurse has scheduled a series of events for the year to celebrate nurses' achievements, including clinical support workers
- The Chief Nurse and Executive Director of Finance actively support and encourage recruitment to turnover. It is felt that this approach has enabled the Trust to cope during periods of significant operational pressure during the winter

8. Recommendations

8.1 The Board of Directors are asked to:

Note the information provided and to continue to support the recruitment and retention initiatives set out in this paper.

9. Conclusion

9.1 Recruitment to nursing positions continues to be very challenging. The Trust has systems and processes in place to ensure care is safe. Recruiting and retaining skilled, competent, caring, professional nurses and midwives is fundamental to the Trust achieving its strategic objectives.