Improving Staff Retention: A Practical Guide
Introduction

This best practice guide outline key steps help improve retention. The pack has been developed through interviews with trusts HR Directors, Directors of Nursing and Medical Directors and the tips are based on initiatives that have been successfully implemented in trusts.

This guide recognises that there is no “silver bullet” – the NHS needs to take a multi-dimensional approach to retain the staff it needs.

We also recognise that external factors like private sector wage growth, the strength of the £ and the increasing demands of the role all make it difficult to retain staff.

However, there are factors in trusts’ control that trusts have successfully improved to drive increasing retention. These key factors are covered in the seven steps in this guide.

Examples of trusts who have effectively reduced their turnover:

Sandwell and West Birmingham Hospitals NHS Trust has improved turnover by 3% in the past 12 months through effective staff engagement and enhancing the wider benefits can receive.

Buckinghamshire Healthcare NHS Trust have reduced turnover by 2% in 12 months by introducing itchy feet programmes and support to over 50’s.

Medway Foundation Trust improved leaver rates in their Emergency Department through developing their education offer to staff. This has contributed to the trust managing to reduce vacancies in the department from 65% to 14% in a period of a year.

Ruth May – Executive Director at NHS Improvement: “What is clear to me since we started the NHSI retention programme is the real potential in this area - we have seen plenty of examples of trusts massively improving their retention rates across all staff groups through following similar steps outlined in this guide.

I urge you all to think about how you can play your part in helping the NHS retain our staff. I think this starts with asking yourself three simple questions:

1) Do I know why my staff leave and why my staff stay?
2) What mechanisms do have I in place to engage and empower staff to drive forward their ideas?
3) How can I be sure that all my staff are aware and can benefit from our retention initiatives?”
Seven steps to improving staff retention

The guide details some focused interventions to support retention and is summarised in 7 steps. All of which are recommended to be supported by an executive sponsor and senior leadership:

1. Developing or refining your retention strategy
2. Understanding data and insights
3. Staff engagement and empowerment
4. Develop offer to staff at different stages in their career e.g. CPD, career pathways, appraisals, flexible working and retirement options
5. Create new opportunities for your staff
6. Reducing variation and standardisation of working environments
7. Review your progress
Developing or refining your retention strategy

GET STARTED
Below are some clear actions essential for developing an effective retention plan or refining an existing retention plan:

- Identify key areas for improvement - where are the hotspots?
- Engage with your staff - empower them to implement their ideas
- Governance – leadership at all levels
- Identify KPI's for measurement
- Develop action plans for each work stream
- Define the overall aim

Identify key areas for improvement - Key retention initiatives should be identified based on a detailed analysis of current trends in leavers and detailed qualitative information on why staff leave (and why they stay).

Engagement with staff – Involving a wide range of staff groups and grades from the onset in understanding what can be done to stop staff leaving is critical.

Governance - Successful projects will define an executive sponsor who is responsible for raising awareness at board level and throughout the organisation. And define how the retention plan aligns and is supported by your trust's wider People Strategy

Identify KPI's for measurement – Specifying key metrics to track progress of the retention initiatives is critical. For example, if you are introducing flexible working arrangements, then explore the different ways you might measure impact e.g. survey/questionnaires on all staff, number of people to move to flexible arrangement, bank and agency fill rates etc.

Develop action plans for each initiative – For each work stream ensure the following is known and reported against:
- Known and clear objective – be SMART
- Lead is clearly identified
- Milestones are detailed and progress is reported, against the delivery dates
- Key actions are listed
- Issues/risks are identified and mitigating actions are provided.

Define the overall aim – The overall plan should specify the reductions in turnover you expect to achieve in a specified timeframe.

Case studies – see Imperial College Healthcare NHS Trust (click here) and Rotherham Doncaster and South Humber NHS Foundation Trust (click here) for suggested areas for inclusion.
An example from Rotherham Doncaster and South Humber NHS Foundation Trust of a clear action plan for a specific retention initiative. The Trust has a similar flow diagram for each of their work streams on retention with project leads and specified timeframes for each action.
Understanding data and insights

GET STARTED

Develop clear reporting templates and metrics:

- 1 page monthly summary for the Board is critical (see example on next slide)
- Monthly detailed summary for HR/workforce committee
- Ensure that departments/teams are regularly updated on their position in terms of turnover
- Use the insights to develop a retention driver model and target your initiatives where they are most needed

Case study: Newcastle upon Tyne NHS Foundation Trust.
Developed a dashboard which combines information with other metrics to enable more effective review & accessibility for managers. Has led to workforce being considered in the same way performance metrics are assessed. The work has contributed to a reductions of 5% turnover in nursing and 2.5% in health care support. (click here)

Case study: Wrightington, Wigan and Leigh NHS FT Trust
Online survey platform for regular employee insight, from this are able to understand frequently how staff are feeling and have found people generally stay due to CPD, support and relationships, psychological contract with patients? The trust has been able to capture real-time feedback which provides timely insight on the drivers for turnover, e.g. clearly identified where staff weren’t getting opportunities to personal development and training. Trust has seen a demonstrable long term improvement in staff engagement scores (click here)

Data collection
Timely and accurate data can uncover issues and trigger the development of solutions to address the issues, such as:

- Areas with high leaver rates/identification of common themes
- Help to understand staff groups and drivers contributing to exits (e.g. different drivers for different age groups, better understanding of unknown category in ESR)
- Understanding the impact this has on existing staff, patients and performance (i.e. agency use)
- Identification of why staff stay and how the trust can capitalise on these benefits

Many trusts tend to use ESR as a starting point for understanding leaver data but then complement this with stay and leave interviews and some use other platforms to collect more granular information than ESR allows.

Reporting
Regular reporting to board and workforce committees ensures executive buy-in and can be helpful in unblocking any issues. See a template for regular board reporting on the next side.

![Graph: Trust turnover reasons vs peer group](image-url)
A: How is the trust performing on turnover in 2016/17?

12 month rolling turnover rate

YTD performance

- YTD % reduction in total staff turnover required: 3%
- YTD % reduction in turnover achieved: 0%
- YTD % reduction in medical turnover achieved: 1.5%

Current vs current trend continuing

11.9% 13.1% 13.6% 13.1% 14.5%

Turnover rate Turnover rate (counterfactual) Current rate stabilised

B: Has the reasons for leaving changed?

Stated reason for leaving captured within ESR record

12 months to Q4 2016/17

<table>
<thead>
<tr>
<th>Reason</th>
<th>Q4 2016/17</th>
<th>Change since Q4 2015/16</th>
<th>Change since Q4 2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown/blank</td>
<td>24.7%</td>
<td>1.4%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Retirement</td>
<td>18.8%</td>
<td>-0.4%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Relocation</td>
<td>18.6%</td>
<td>0.5%</td>
<td>-1.0%</td>
</tr>
<tr>
<td>Pay/Reward</td>
<td>9.3%</td>
<td>-0.1%</td>
<td>-0.3%</td>
</tr>
<tr>
<td>Workforce Life Balance</td>
<td>9.4%</td>
<td>-1.4%</td>
<td>-2.7%</td>
</tr>
<tr>
<td>Workforce Transformation</td>
<td>4.1%</td>
<td>-1.8%</td>
<td>-4.1%</td>
</tr>
<tr>
<td>Other</td>
<td>4.2%</td>
<td>0.6%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Flexibility</td>
<td>3.7%</td>
<td>0.0%</td>
<td>-0.3%</td>
</tr>
</tbody>
</table>

C: How do different staff groups vary?

D: What actions are required?

<table>
<thead>
<tr>
<th>Action</th>
<th>Ower</th>
<th>Complete date</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board to assign responsibility to a senior named individual for reducing turnover (usually this is the HR director, with support from the DoN/Medical Director).</td>
<td>HRD</td>
<td>01/08/17</td>
<td></td>
</tr>
<tr>
<td>HRD to agree retention plan with the Board and have a process in place to obtain the information they need from the divisions and hold them to account for leaver data.</td>
<td>HRD</td>
<td>01/08/17</td>
<td></td>
</tr>
<tr>
<td>Set up good quality real time data to identify hot-spots (specialties, grades, individuals) to target</td>
<td>COO</td>
<td>01/08/17</td>
<td></td>
</tr>
<tr>
<td>Develop retirement options and clinics for staff approaching retirement</td>
<td>Deput y HRD</td>
<td>20/09/17</td>
<td></td>
</tr>
<tr>
<td>Develop and communicate clear processes for mid and end of year review.</td>
<td>HR lead</td>
<td>01/10/17</td>
<td></td>
</tr>
</tbody>
</table>

E: What are the high turnover areas?

<table>
<thead>
<tr>
<th>Department</th>
<th>Turnover</th>
<th>Reason for high turnover</th>
<th>Action taken</th>
<th>Risk Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geriatric Medicine</td>
<td>22%</td>
<td>High % of team over 50</td>
<td>Retirement clinics. Offered different retirement options (step down, bank shifts, wind down).</td>
<td></td>
</tr>
<tr>
<td>A&amp;E – X site</td>
<td>20%</td>
<td>Lack of support</td>
<td>Allocated time for team discussions and to agree new ways of working.</td>
<td></td>
</tr>
</tbody>
</table>
Staff engagement and empowerment

Getting started – ask yourself the following questions

- What forums are there for staff to raise/discuss issues and to suggest ideas in their ward/area and also in the trust?
- How do you engage with your local SPF / Trade Union reps?
- How do you recognise and celebrate success? e.g. ‘Thank you’s’ to formal recognition (click here)
- Where staff identify an idea or opportunity, are they given the support to take this forward? Are there any examples of this that could be learned from?
- What would staff stay about the visibility of executives and senior leaders? e.g. walk rounds, open door policies, clinics
- How do you understand and monitor your staff’s health and wellbeing?
- What does your staff survey say (pulse and annual)?

What might make people leave?
- Staffing levels
- Work pressure
- Not feeling supported
- Not enough time to do the job well
- Inequity
- Poor work life balance
- Burn-out
- Increased patient expectations

What makes people stay, consider factors…
- Line Manager relationship
- Role rotation
- Feeling valued/recognised
- Understanding the trust objectives
- Consistent approach to flexible working
- Making it a positive and enjoyable place to work

Case study: Frimley Health NHS Foundation Trust
Hold regular confidential forums which present a safe environment for staff of all grades/groups to discuss difficult emotional and social issues/experiences which have arisen at work. The principle has been known to improve ability to deal with stress whilst also providing critical insight into what the trusts can do to help make their staff feel supported. Over the last three years the trust has sustained period reductions in turnover.

Ashford and St Peter’s have been using these support networks in their trust. Here is a video of the Chief Executive’s view on why they are using this approach.

More information on providing this support to staff is available at the Point of Care Foundation website.

See also NHS Employers website on staff engagement.

See Resources – Royal College of Nursing – Healthy Workplace Toolkit (click here)
Case study: Nottingham University Hospitals NHS Trust

Engagement survey indicated 67% of nurses & midwives did not feel their suggestions were followed through. In response, staff now have collective ownership model. This involves the following ‘councils’.

1) Unit Practice Councils that cover one ward / clinical area only. They tend to meet monthly and be nurse and midwife led. And this is an opportunity for members (tend to be around 5-6 per council) across bands. They focus on implementing areas improvement ideas using measurable outcomes to track impact.

2) Speciality Councils. These sit cover more than one ward or clinical area e.g Trauma and Orthopaedic council which sits across wards 3 wards and has 2-3 members of staff per ward representing their area on the council. As above, they focus on improvement but also on learning from each other’s wards.

3) Themed Councils sit across the whole trust and they discuss and develop solutions around key themes, such as Evidence Based Practise Agenda or Practise Development.

4) Leadership Council
All the chairs of the councils then attend the Leadership Council and report back their work. They answer three questions:

- What are you working on?
- What’s going well?
- What do we need help with?

More information is available on the NUH website.
An example from Wrightington, Wigan and Leigh NHS FT of an open pledge from trust to their staff on what they will deliver/provide for their staff and the ultimate impact that these promises will have on key clinical and workforce metrics.

**Case Study: Norfolk & Suffolk Foundation Trust (click here)** – Through a period of significant change, identified an opportunity for better communication approaches to help transition. This included a series of listening events simply titled; ‘what makes a good day?’, ‘what makes a bad day?’ enabling staff to share experiences and come to terms with the change. Subsequently staff have been central in development of values, in the space of 1 year 97% of staff knew of the values which have been vital for appraisal and induction.
Develop your offer to staff at different stages in career

Can your staff see how they can progress their career and can they see the options open to them to do this?

Barking, Havering and Redbridge University Hospitals NHS Trust: Trusts have developed career pathways on a page to enable staff to consider their possible career pathways and the extent of opportunities available (see slide x).

It is noted that some trusts have developed career clinics to support staff at the different stages in their careers. Possible support at the different stages in a career might involve:

**Stage 1) Options for pre-qualification staff:**
- Work with schools, colleges and universities to develop pathways and improve experience
- Guaranteed offers of employment
- Utilising Apprenticeships to grow your own staff.

The **Black Country Apprenticeship Scheme** has given the trust access to the following benefits:
- The ability to ‘grow our own’ skilled staff, with flexible skills potentially applicable across a range of settings.
- Offers the Trust the potential to start to address its ageing workforce profile.
- Potential for cost savings.
- Support improved career development opportunities across the trust – linked to the work on Band 2, 3 & 4 healthcare roles.
- Raise the profile of the Trust as an employer within the local community
- Enable the Trust’s workforce to become more representative of the community which it serves.

See [Black Country Apprenticeship Scheme](#) and also [NHS Employers website](#) for more information.
An example from Sandwell & West Birmingham Trust of a clear personal development review template that all staff are expected to complete.
Barking, Havering and Redbridge University Hospitals NHS Trust: Development of career pathways enables staff to consider their possible career pathways and the extent of opportunities available.

CAREER ON A PAGE: Apprentice to WARD MANAGER in ten years

CAREER ON A PAGE: Apprentice to advanced PRACTITIONER in ten years

MIDWIFERY CAREER ON A PAGE: APPRENTICE TO ADVANCED PRACTITIONER IN TEN YEARS

AHP CAREER ON A PAGE: APPRENTICE TO ADVANCED Practitioner in TEN YEARS
GET STARTED

- Is the preceptorship adequate in terms of duration? Many trusts are developing a two year programme of support.
- Support staff through a robust induction process into the organisation.
- What are the mechanisms for new staff to ask questions and where would they go if they had a problem? e.g. buddy system, cohort of new joiners

Case study: Kingston Hospital NHS Foundation Trust
Recognised the potential benefits of supporting new starters on improving retention. Trust has introduced staff spaces to enhance learning experience, buddying system (all new starters are paired with a buddy senior staff network) and have opportunity to increase and widen skills by bank working. Staff provide real-time feedback into a system enabling quick response and action to any issues. The induction programme incorporates all corporate induction requirements, CRS training, medicines management, and dementia and delirium workshops. The evaluation of this programme has been extremely positive and participants develop relationships with each other and the practice development team that provide them with an ongoing support network.
All students receive an offer of permanent employment building upon the positive experience they receive. (Click here)

Stage 2) Newly qualified, new starters <2 years:
• Is the preceptorship adequate in terms of duration – lots of trusts have implemented a 2 year support programme to reduce the risk of staff leaving after 12 months.
• Is there adequate support – consider buddying systems and using the experience of the retire and return workforce. Sometimes new staff might not be comfortable asking all their questions to their manager.
• Is there opportunity for career clinics and consider the pathways available.
• Pastoral support offered immediately after starting a new job to support staff with transition.
• Enable get in touch days for leaders and managers to check in with new recruits from outside of area of work.
• Forming cohorts of new staff with social events and opportunities to shadow in other areas?

Case study: Mid Yorkshire Hospitals NHS Trust (click here) To enable new starters to be supported staff have been provided badges that quickly provides a means of identification on their career stage, enabling more experienced staff to offer support where required.

Case study: Blackpool Teaching Hospitals NHS Trust The trust is investing in its future by giving work opportunities to people in the local community. The scheme enables the trust to nurture the future workforce by instilling vision and values of the organisation at an early stage (click here)
Your offer – Tailoring support to mid-career staff

GET STARTED

Map out needs of employees at different stages of their career (new starter inductions, flexible working, wind-down options) and what you offer staff – ask staff if they feel these opportunities are open to them?

Stage 3) Qualified staff/mid-career:

- Consider flexible working options to enable time for care of dependents/work life balance (see next slide)
- Opportunities for further development i.e. consideration of ward leadership opportunities or educational opportunities (see Medway eg).
- Enable means for staff to register interest in different areas of work e.g. UCLH transfer scheme (slide x) or Buckinghamshire Itchy Feet example. These schemes enable early identification of issues before staff end up leaving the trust.

Case study: Buckinghamshire Healthcare NHS Trust (click here):
Did a deep dive to understand the following questions:
- Their reasons for joining the Trust
- What factors might influence a decision to leave?
- What factors might influence their decision to stay?
They have developed the following solutions that are linked to career development and making staff feel healthy and valued.

Case study: Medway NHS Foundation Trust (click here):
Medway identified a particular hotspot areas in the Emergency department with significant vacancies and high leaver rates. The trust implemented a period of guided clinical practice and introduced educational opportunities for experienced nurses. These were designed with local colleges and universities so staff could attend BSc/MSc programmes. Within 12 months people were making enquiries regarding the opportunities with their ED. This has contributed to the trust managing to reduce vacancies in the department from 65% to 14% in a period of a year.
GET STARTED

- Review your existing offers to staff across your different teams
- Check whether this is an issue in your trust – leavers data, focus groups
- If an issue then survey staff/run focus groups to find out what your staff would like in terms of flexibility
- Develop proposal with managers about how you as a trust might be able to offer greater flexibility without
- Raise awareness of the opportunities that are available

Case study: Sheffield Teaching Hospitals NHS Foundation Trust (click here):

Trusts has explored alternative ways of recruiting in an attempt to close gaps. Trust simply explored by asking nurses where they wanted to work and create managed transfer processes. Trust offer a range of long, standard and term time shift options to meet staff work-life balance challenges through flexible working.

The trust offers:

- **Term Time Only Contracts.** These are reviewed annually by the Trust.
- **Annualised Hours** - This system organises staff’s working time on the basis of hours per year, rather than week, and is paid in equal monthly instalments. The system allows greater flexibility with hours whilst still receiving a regular income.
- **Job Sharing Scheme –** the hours/sessions and responsibilities of one full time job are shared between two job share partners.
- **Career Break -** provides staff with the opportunity to leave employment for a period of unpaid leave of up to 5 years without it being counted as a break in service.
- **Home Working -** provides staff (where appropriate) with the option of increased flexibility around family routines, reduced commuting time, and reduction in travel costs.
- **Zero Hours Contracts -** this contractual option allows staff to have a contract with the Trust, but you are not committed to working a set number of hours.
- **Special Leave -** The Trust recognises that domestic and family commitments and responsibilities can potentially reduce or hinder your ability to fulfil your work responsibilities. Practical help is therefore on offer in the form of paid special leave e.g. Paternity Leave, Adoption Leave, Carers Leave.

This could be more challenging for smaller trusts, however there are benefits in testing these ideas with your staff. More information available on What Sheffield offer is on their website.
Your offer - Over 50s development and flexi options

GET STARTED

- What is your staff demographic – what is the potential risk of those employees approaching pensionable age?
- Understanding why staff do not choose to return after retirement
- Review the offer currently available and what can be done differently
- Raise awareness of the opportunities that are available

Stage 4 – Over 50s and retirement options

Understand the issues – It is vital to understand the staff groups that are most at risk and the impact of staff choosing not to return after retiring on service provision.

Understand why staff don’t want to return – Not all staff will want to return, however there is large variation in trusts’ offer in terms of flexibility and roles available. What proportions of your staff use the options below:

<table>
<thead>
<tr>
<th>Option of working fewer days</th>
<th>Step-down</th>
<th>Draw-down</th>
<th>Retire &amp; Return</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stepping down to a reduced role with fewer responsibilities</td>
<td>Enables staff at minimum pensionable age to take between 20-80% of their pension (see retire and return guidance)</td>
<td>Request to retire, claim their pension benefits and then return to working with your NHS trust</td>
<td></td>
</tr>
</tbody>
</table>

Review and refine current offer – Review your offer in light of the first two steps and then refine your offer, taking into consideration the complete range of retirement options and the feedback from your staff.

Raise awareness - Ensure that there is support available to staff to help them consider the options that are available. Consider the use of targeted communication to this group of staff and the use of workshops to share and also an opportunity to understand any concerns which could be resolved and acted upon.

Case study: Buckinghamshire Healthcare NHS Trust

An over 50s working group has also been put in place to enable an understanding of the challenges, what the current offer and what could be done differently. This has provoked a number of flexible retirement options now being made available, a bespoke training programme for over 50s, and also developing a talent pool of older nurses who can provide much needed guidance, coaching and mentorship. This has enabled managers to be better equipped to understand and support the older workforce, and also support the wellbeing of this group. This programme has contributed the trust reducing turnover by 2% in 12 months (click here).

See Resources – Department of Health, Retire and Return Guidance (click here)

See Resources – Royal College of Nursing, Valuing older workers (click here)
Create new opportunities for your staff

Case study: University College London Hospitals NHS FT [click here] Identified an opportunity to make internal job moves easier so they could retain more staff and offer their staff new and exciting opportunities. The trust developed an internal transfer scheme enabling the fast track of nurses for sideways moves, reducing the complexity and the time taken to fill roles. The trust have successfully enabled the transfer of 162 staff. The process is possible within weeks and has provided rich insight into their staff and any issues with particular areas within the trust. It is one of the many reasons the trust continues to have a low turnover rate compared to other comparable trusts.

“I feel lucky to have a careers clinic available to help nurses like me empower change in our own careers”

Agreed measures to assess the impact:
• Monthly leavers data for nurses
• Exit interviews from both the trust survey and careers clinic interview
• Number of contacts & expressions of interest to transfer clinic
• Reasons for transfers
• Number of requests for, and successful

Results:
• Immediate interest from all nurses
• Able to identify Wards/Departments that are in crisis early on
• Financial savings – average recruitment cost of a band 5 nurse is between £1-9k.
• Pilot quickly opened up to all nurses at band 5 & 6 and now unregistered staff and senior nurses
• Able to promote areas with high vacancies or hard to recruit

162 transfers to date
Create new opportunities for your staff

Case study: Sandwell and West Birmingham Hospitals NHS Trust (click here)  Staff benefits website to enables easier access to promotions and discounts. Employee benefits are being used as a strategic tool to assist recruitment and retention, resulting in 2,300 users.

Description:
- National and local discounts for SWBH staff
- Online and in-store discounts, text codes and cashback
- Over 700 retailers, including Sainsbury, Tescos, Boots, Morrisons, B&Q

Results:
- Saving staff money – up to £1000 a year
- No cost to taxpayer, or employee
- Case studies demonstrate increases in employee engagement, commitment and loyalty
- The scheme has contributed to improving turnover by 2% in the past 12 months
GET STARTED

There is often a larger variation in practice within in a trust. Review opportunities for identifying varying working practices and enabling standardisation in the workplace:

- Use staff engagement (e.g. survey on what are you most proud of in your ward/area) as a way of identifying variation and understanding the reasons for these factors
- Understand areas of opportunity for development of standardisation (see Guy’s example)
- Implement a staff induction process which is relevant across teams/department and remove barriers for cross-ward working.
- Consider ways in which staff can be shared across typical working boundaries (both internal and external) and capitalise on this through lessons learnt sessions

Case study: The Nightingale Programme (click here)

Guys and St Thomas NHS Foundation Trust have completed a major piece of work to understand all the great things that were happening across all their different wards and pulling together a model ward that incorporates all these ideas.

A trust exec has this idea for this work whilst watching the excellent and consistent procedures an airline cabin crew had in place on a flight. The result was the following model for wards:

- **First Hour**
  - **Check in**: Welcome and introduction
  - **Safety Briefing**: Trust status, Ward status, At risk patients, Safety signals, Staff needs
  - **Bedside Handover**: SBAR, Bedside safety checks

- **Roster & Deployment**
  - **Standardisation of how staff are rostered & effectively deployed**
  - **Consideration of predictive rostering**
  - **HALT**: breaks & sleep

- **Student Nurse Induction**

- **Last Hour**
  - **Check in “How are we doing?”**
  - **Cover to enable tasks to be complete**
  - **Clarify roles (Bedside Nurse, NA, NIC)**
  - **Updating carers/family**
  - **Safety check**
  - **Check out**: Team members leave together

The above was often standard practice but bringing it together into a way of working has been really helpful for staff. The impact has been staff more likely to leave work on time and staff feeling more supported.

“It is good we are tackling how we can leave on time”

“The huddle is very good – you can be out of your depth and nobody will know, it helps me to know if my colleagues need help!”

“Staff introducing themselves at the start of shift helps me to know who everyone is”
Wider feedback from trusts on the barriers to improving retention

Factors that trusts have told NHS Improvement that are impacting their ability to retain staff that are not directly in their control

- **Pay**: sustained pay restraint is a risk and higher inflation and private sector wage growth may exacerbate this.

- **Strength of £**: further falls in the value of the pound may reduce the attractiveness of the NHS to clinical staff from outside the United Kingdom.

- **A busier NHS** with greater acuity is making the job more demanding (ESR: 13% of leavers cite work-life balance).

- The **removal of central funding for CPD** (in particular for staff eligible for Learning Beyond Registration).

- **Aging workforce population**. There are some things that trusts are doing around boosting participation in older age groups, however there are limits to this.
There are however many factors in trusts’ control – the support programme will focus in these areas

Factors in trusts’ control

- Staff empowerment and engagement
- Flexibility offer
- Open and supportive environment (team huddles, listening to staff etc.)
- Adapting roles as staff get older
- CPD & clear development path (including preceptorships)
- Improve data collection and utilisation to inform decision making

Some trusts have developed ways of supporting trusts with burnout and work-life balance issues.

Reasons for leaving all staff – 2014-16