The Recruitment and Retention of Staff in Critical Care
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Best Practice Guidance

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The Recruitment and Retention of Staff in Critical Care

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Directors of Nursing, directors of HR, Allied Health Professionals, Critical Care Networks, Service Improvement Leads and other professions/organisations who work in a critical care setting

### Circulation List
The Recruitment and Retention of Staff in Critical Care provides case studies on how staff working in critical care units/hospitals have tried to overcome the problems facing the workforce. The initiatives provided can be adopted/adapted according to local settings.

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Comprehensive Critical Care (May 2000)

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### For recipient use
In the NHS, the recruitment and retention of staff involved in the provision of critical care services is fundamental in order to deliver the key priority areas in the Planning and Priorities Framework (PPF) around access to emergency care and elective surgery. Expanding and maintaining the workforce will bring benefits to staff, patients and their families, but requires both national and local intervention. However, in line with ‘Shifting the Balance of Power’, local health communities are increasingly deciding upon the most effective local strategies to tackle their workforce issues, whilst ensuring that any policies/practices that are devised comply with national policy.

‘The Recruitment and Retention of Staff in Critical Care’ shares some of the practices and policies that have been implemented locally to overcome some of the recruitment and retention issues facing many staff involved in the provision of critical care services. It can be used to inform local strategies in support of a service where staff face particular pressures that are not only stressful but also customary to working in a critical care unit. The document contains many practical examples that local units/hospitals can adopt and/or adapt to help counter the staffing pressures that exist and provide a supportive working environment. Maintaining a motivated workforce will enable the delivery of an efficient and effective critical care service.
The critical care workforce is multi-professional, including consultants, medical and nursing staff, allied health professionals, healthcare scientists and a range of support staff. However, one of the many challenges facing the service is the ability to provide sufficient numbers of ‘appropriately trained’, motivated staff. Therefore collective action, both nationally and locally has been taken to not only invest in staff to create new capacity, but to redesign jobs with more staff working differently.

Many critical care units have more junior nursing staff requiring more concentrated support and supervision in the workplace. Therefore, many medical staff fear that the planned national increase in the number of consultants will not be sufficient, and that changes in medical training programmes and the numbers of hours doctors can work will adversely impact on their working lives. This has led to further thinking around ways to alleviate some of the pressures that exist which include:

• The need to influence pre-registration education to ensure newly qualified staff are prepared for the care required by the critically ill patient

• Role redesign – in terms of moving tasks up or down, expanding the breadth of a role, increasing the depth of a role

• Service improvement

The Modernisation Agency (MA) Changing Workforce Programme (CWP) has been instrumental in taking forward some of the above ideas. They were set up to help the NHS to test and implement new ways of working, to tackle staff shortages, increase job satisfaction and improve patient services. The MA Critical Care Programme has also provided great benefits to staff through their promotion of service improvements, which have been designed around local projects. The projects involve all levels of staff, engaging them in the modernisation process and promoting local ownership of problems and solutions.
There is also a dedicated Critical Care Workforce Care Group. A sub-group of the Access Care Group Workforce Team (CGWT) set up by the Department of Health to identify and address staffing issues pertaining to a particular client group. CGWTs are expert advisory bodies with representation from Workforce Development Confederations (WDCs), the Modernisation Agency, health and social care professionals, education and training organisations and patient and service users.

The Critical Care Workforce Care Group has an important role to develop and spread improved ways of working, and are currently exploring and identifying a range of suggestions for increasing the critical care workforce and enhancing the working lives of staff. These include the development of new roles such as Critical Care Practitioners and Assistant Practitioners. The Group has also commissioned work to develop a framework that maps the skills and competencies needed to deliver the service, and through which appropriate plans for training and education will be prepared. The framework will pull together all the current work that is being undertaken and will enhance core skills and competencies across different professional boundaries.

Outreach

One successful initiative that demonstrates new ways of working has been the development of critical care outreach services based on the recognition that critically ill patients exist throughout acute hospitals. Critical care outreach provides an alternative approach to the management of critically ill patients away from dedicated units. This helps to ensure equality of care for all critically ill patients irrespective of their location, and provides a training ground for staff to develop their critical care skills and knowledge.

Providing critical care education and training for ward-based staff, is a significant element of critical care outreach. Enabling staff to identify patients at risk of developing critical illness and provide early intervention. This service can help retain staff working in dedicated units through shared responsibility. It can also support the recruitment of staff into critical care because it raises awareness of the service.

Further examples of other positive initiatives that have supported the recruitment and retention of staff working in critical care are outlined in the following case studies.
Case Studies

Career Development and Support

➤ Critical Care Skills Institute
The Greater Manchester Multi Professional Critical Care Skills Institute (CCSI) was opened in November 2001 with the objectives of providing a series of study day modules and facilitating the mentored continuing professional development needs of the critical care workforce. [The learning outcomes of the study days were driven by the needs of the service and the identified training needs of the critical care workforce].

The programme utilises the concept of work based learning complimented by theory/knowledge based workshops to develop the practitioner’s competency. It links theory to practice and utilises an assessment strategy, which acknowledges practitioners’ prior experiences and their transferability of skills.

The program consists of a number of ‘core’ modules focusing on respiratory and cardiovascular as well as a series of more ‘specialised’ modules, for example neuro and renal. This enables the learner to progress through the program in association with their Practice Based Educator, until they have reached the required competency level in each subject area. In addition, the program also offers learners from areas outside traditional critical care services to access modules on a ‘hop on, hop off’ basis, thus providing a flexible training pathway.

Fundamental to the success of the CCSI has been the introduction of Practice Based Educators who not only mentor learners through the modules and subsequent work based learning but also deliver study day modules and facilitate program updates. Funding for Practice Based Educators currently stretches to 14.5wte posts spread across 13 NHS Trusts and 2 independent sector organisations who continually work in collaboration to maintain this unique training facility and ultimately ensure standardization of critical care competence throughout the Greater Manchester network.
In many critical care areas throughout the network, staff retention has improved in the time the programme has been operating. It may be that the programme has encouraged the workforce to remain working within critical care areas due to the programme’s structured approach to their individual learning, thus helping their own confidence and perceived contribution to the team. The exact impact of the program on recruitment / retention / CPD and other issues is currently being evaluated. However, it is safe to say that the programme does allow the workforce to transfer within the network easily and with minimal ‘re-checking’ of the individuals skill and knowledge base.

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Education and Training Team
At Queen Elizabeth Hospital NHS Trust, the Clinical Manager for Critical Care funded two Practice Development Nurses (PDNs) at G grade to create an education and training team - one for cardiac and the other for critical care as they already had a lecturer practitioner in post. There is now more shared teaching and more direct clinical supervision of less experienced staff.

Staff members have mandatory training and team days off site for their development. The Trust’s ethos is to bring education and training to the bedside.

Contact: Brendan Docherty - MSc, PGCE, RN, Clinical Manager – Cardiology & Critical Care. Queen Elizabeth Hospital NHS Trust. Tel: 020 8836 5423

Physiotherapy Practice Educator
Hope Hospital, Salford Royal Hospitals NHS Trust, has a Physiotherapy Practice Educator in respiratory care to support the career development and personal development of their staff. The Practice Educator works 3 days per week within term-time only, providing a quality out-of-hours / on-call service. Her remit is to organise staff training for on-call working, carry out booked supervisory sessions with individual staff members and provide feedback after on-call sessions; all of which has helped the retention and development of staff working in critical care.

Contact: Rachel Smith, Clinical Specialist Physiotherapist, Hope Hospital, Salford Royal Hospitals NHS Trust. Tel: 0161 2065328
Structured Development Pathways
Homerton NHS University Trust have introduced structured development pathways for all grades of staff who work in critical care, which provide the frameworks for acquisition of clinical skills, practical experience and academic achievement. The pathways are flexible in their approach and ensure quality of opportunity and development relevant to different levels of experience. The development pathway for the following grades is as follows:

G grade – Management and Team Leadership Development
A two year programme providing framework for development of practical and theoretical skills for clinical leadership in critical care. Progression on from this programme encourages G grade role expansion to enhance individual development e.g. Clinical Risk Facilitator, Unit Economist.

F grade – Clinical Academic Career Pathway
A three year programme that places all post-course nurses on F grade and provides opportunity to gain experience and knowledge of factors influencing care of critically ill patients – clinical skills development, teaching, assessing, mentorship skills, ability to contribute to clinical effectiveness initiatives and supervised management.

D grade – Learning Objectives and Development Programme
A one year programme providing a guided structure towards the achievement of clinical skills and theoretical knowledge to enable progression to the Adult Intensive Care Course.

As a result, the following achievements have made during the past 18 months:

- 18 appointments have been made – D grades x 9  
  E grades x 1  
  F grades x 7  
  G grades x 1

- 2 departures have occurred – F grades x 2

- The vacancy rate has decreased from 33% to 17%

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Flexible Working

Queen Elizabeth Hospital critical care unit, have actively implemented flexible working conditions for their staff in line with the Improving Working Lives Initiatives. As a result, their vacancies have fallen from nearly 30% down to 5%, and staff turnover has reduced significantly creating a stable workforce. Introducing the role of the matron, flexible working, ‘D’ grade courses, regular appraisals, team development days and self-rostering have all been instrumental in this.

- Flexible working has enabled senior staff to:
  - Manage their own annual leave between them
  - Work from home for identified pieces of work
  - Work full-time over various work patterns
  - Provide cross-cover and support across the directorate through secondments as opposed to sitting in their silos.

Self-rostering has been introduced on the Intensive Care Units (ICU) and High Dependency Units (HDU) and is working well, as staff are more willing to swap their shifts even at short notice, which reduces their reliance on temporary staffing. Last year, the Queen Elizabeth Hospital used 75% agency staff and 25% in-house bank to fill their vacancies. At present, this position has reversed and they are using 85% bank and 15% agency for any emergency shift cover, which has reduced their staff overspend significantly.

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Flexible Shifts

The Head of Nursing for Critical Care at Burnley Health Care NHS Trust is always open to suggestions or requests for flexibility that can be met, and he tries to create an environment to support this. This has meant abandoning traditional shift patterns and allowing staff to adopt the pattern they might prefer, with some staff working 12-hour shifts, some working 7.5-hour shifts and some working a mixture of both. There is also flexibility in work patterns with various hours being worked one week which change the following week – be it more or less hours and staff are allowed to debit or credit 10 hours from one month to the next if desired. [Attendance at team meetings, training sessions etc. are also recognised as hours worked if staff attend in their own time].
To facilitate this some rules had to be set, such as a minimum proportion of nights required per year, but most of the issues are dealt with by using a self-rostering and monthly-hours system. This is managed by the G grade team leader, who is responsible for monitoring and auditing the number of hours-worked etc.

The Head of Nursing for Critical Care admits that there is quite a lot of work involved monitoring this process. However, the benefits outweigh this because staff feel valued. The recognition of the difficulty in balancing life with work is fundamental, alongside the willingness to provide support where necessary. It is this type of culture that is encouraged at the trust, which helps to alleviate some of the many pressures that staff can face.

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Flexitime
The critical care unit at Bolton Hospitals NHS Trust operates flexitime-working arrangements, where each member of staff signs in at the beginning of their shift and signs out at the end of their shift. At the end of the week, staff are either ‘positive’ or ‘negative’ against their contracted hours.

As hours are accrued, staff are given time back or can choose to take time back as staffing numbers allow. Therefore, if the unit is quiet, members of staff who are positive in their hours can go home, and provide an on-call service if the workload should suddenly increase. An air-call bleep is also available so staff are not ‘tied’ to the phone.

If staffing is low, members of staff who are negative in their hours are contacted to see if they can work. There is no obligation, but more often than not staff will come in. This reduces the amount of expenditure on bank and agency, and allows staffing to be stepped up and down depending on unit workload. Staff can also split their shifts, start late or finish earlier which enables them to balance home and work life more easily.

Contact: Sue Coupland, Senior Nurse – Critical Care Services. Royal Bolton Hospital, Bolton Hospitals NHS Trust. Tel: 01204 390913
Family- Friendly Working

Term-time contracts
Hope Hospital, Salford Royal Hospitals NHS Trust promotes a family-friendly working environment by providing the flexibility for nurses to work only during the school term which enables nurses to spend school holidays with their families. Contracts are calculated using annualised hours and dividing the additional holidays and contractual holidays accordingly on a pro rata basis.

Flexible job roles
Hope Hospital has also supported a family-friendly policy by giving a Clinical Specialist Physiotherapist the flexibility to balance her childcare arrangements with her full-time job. To enable this, the job role is part managerial and part clinical, so she can collect her children most days from school. The extra hours are made up by a combination of shorter lunch breaks, earlier starts for meetings, with a degree of work carried out at home. This mostly involves admin preparation work where one night per week is dedicated to this. Overall the good working relationship between the physiotherapist and her manager is a result of good planning, communication and most of all understanding. That way the physiotherapist can not only play an active role in her children's life at home but provide an efficient/effective service at work as well.

Family-friendly Policies
Mayday Healthcare NHS Trust endeavours to offer nurses a flexible approach to working hours by asking them the hours they can work and trying to accommodate their requests. The trust also actively promotes other family friendly policies including:

• Night or day duty or internal rotation shifts
• Bank, term-time, part or full-time hours
• On-site nursery
• Career breaks
• Paternity leave
Other benefits subject to position and number of hours worked include:

- Subsidised car parking
- Subsidised staff gym
- Staff dental service and chiropody service at reduced rates
- Pharmacy shop discount
- Subsidised staff restaurant etc.

**Partnership**

South West London has developed a recruitment and retention strategy in conjunction with Senior Clinical Nurse Managers from all Trusts, the Lead Nurse from the Strategic Health Authority and the Critical Care Lead from the WDC. The strategy aims to meet the needs of existing nursing staff as well as attracting new members of staff locally, nationally and internationally. It provides current staff with opportunities in rotational programmes, skills accelerator programmes and specifically designed critical care network training programmes. It also actively seeks solutions for issues that affect recruitment and retention in South West London such as travel, parking, housing and childcare.

With the support of the WDC, the critical care network has undertaken a range of recruitment initiatives from local and national network advertising to commissioning a critical care recruitment campaign SEEK Recruitment in Australia, offering a variety of contracts including a backpackers contract. The network has also been able to utilise the WDC’s e-recruitment system, which allows interested parties to register their ‘career profile’, view vacancies and apply or register on-line for positions across South West London. As a result of the diverse nature of the recruitment and retention strategy, the network has been successful in a bid to the WDC for funding of a full time Practice Development Co-ordinator to work specifically in critical care across the sector.

*Contact: Linda Rossi, Network Manager – South West London Critical Care Network*
Clinical Leadership

➤ ‘Top-down’ Approach
At the Queen Elizabeth Hospital, the Clinical Manager for Cardiology and Critical Care owes the great achievements that have been made to improve recruitment and retention to effective clinical leadership with a ‘top down’ approach, which he endorses with his own staff.

For example, when applying for the post, the Clinical Manager was currently undertaking a PhD, which the Trust supported. To enable him to incorporate this into his working life, he works 4 longer days per week so he can do his PhD on his 5th day. The Trust’s support of this arrangement sends a strong message about their commitment to flexible working arrangements which empowered the clinical manager to offer his senior staff greater flexibility in their working lives which continues to filter downwards to other staff members.

This was achieved as a result of the Clinical Manager restructuring the unit and creating two lead nurse/matron roles - thus changing the focus from managers to matrons and making it more patient-centred. This has proven to be a great morale boost for staff, who not only feel more valued but also feel they are making a real difference in improving patient care through a clinical/shared governance approach to service development.

Contact: Brendan Docherty - MSc, PGCE, RN, Clinical Manager – Cardiology & Critical Care. Queen Elizabeth Hospital NHS Trust. Tel: 020 8836 5423
Making Change
Frenchay Hospital, North Bristol NHS Trust were concerned at the large number of agency nursing staff that were being used. This created a high nursing expenditure. The introduction of enhanced NHS overtime rates for ITU/HDU nursing staff in May 2002, not only reduced agency costs from £82,840 in January 2002 to £42,588 in March 2003; but demonstrated support to their own nursing staff.

Contact: Avon, Gloucestershire & Wiltshire Critical Care Network

Critical Care Pharmacy Team
The publication of ‘Comprehensive Critical Care’ (May 2000) led to a review of the pharmacy service at Guy’s & St Thomas’ Hospital NHS Trust and the appointment of a Principal Critical Care Pharmacist (Grade F) to lead the service.

The Principal Critical Care Pharmacist is responsible for the provision of clinical pharmacy services to critical care areas (including the ICU, medical high dependency and perioperative services) and for ensuring the consistency of pharmacy services to all critically ill patients. They are supported by a Specialist ICU Pharmacist (Grade E), a Senior Critical Care Pharmacist (Grade E) and a Rotational Clinical Pharmacist (Grade C) which is a recognised training post for a pharmacist in critical care medicine. This post enables pharmacists in training to undertake audit projects for the ICU and provide clinical support to the Specialist Clinical Pharmacist.
In recognising the value of the pharmacy service to the ICU and other critical care areas, and allowing the service to evolve has enabled the ICU and Pharmacy to retain key staff. The Principal Critical Care Pharmacist has been in post for 10 years and the Specialist ICU Pharmacist for 5 years. This is quite exceptional for clinical pharmacy posts. Furthermore, the rotational post has proven to be very popular for pharmacists in training, and to date there has been no problems with recruitment.

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**Workforce Development**

Critical Care Networks across England are looking at ways to improve patient and staff experience through new ways of working and designing new roles, some of which can make a vast difference in the retention of staff as a result of empowerment and increased morale. For example, the Surrey-Wide Critical Care Network has endorsed a senior nurse to undertake a radiation course. This allows her to order chest x-rays, that were previously only done by medical staff, which led to delays occurring on a daily basis. The network also supports ALERT training to multi-professional staff, (including nursing, junior medical staff, allied health professionals and midwives) to detect patients at risk of critical illness in general ward areas. Again this new way of working provides a whole system approach that not only helps critically ill patients wherever they present throughout the hospital, but assists the critical care team in managing their workload.

➤ **Healthcare Assistants**

Following the success of the Senior Healthcare Support Worker Project within Salford Royal Hospitals Trust and across Greater Manchester. Healthcare assistants continue to be an expanding workforce. Their role supports the delivery of care for both Level 2 and Level 3 patients and their training is based on a set of core competencies utilising an NVQ framework. The benefits of this approach is that each Healthcare assistant builds up a portfolio demonstrating their competence around their role, which they can use to support them obtaining an NVQ award.
In Salford NHS Trust, the impact of this initiative has been positive. The additional support provided by healthcare assistants, enables the critical care unit to have a flexible approach to patient allocation and management. Therefore, nurses can utilise their expertise and be more focused on the complexity of critical care delivery. This has led to increased job satisfaction for Healthcare assistants, enhancing their career pathways and personal development; but more importantly, patient care is delivered to a higher standard in a timely and effective manner.

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➤ Critical Care Without Walls
Southampton University Hospitals NHS Trust have devised a post to support and advise multi-professional teams on the Trust-wide implementation of recommendations from Comprehensive Critical Care. The post holder will provide clinical and professional nursing leadership to all wards and departments, who care for critically ill patients requiring level 1 and level 2 care. The dedicated nursing posts will help improve and develop critical care skills within Directorates, whilst at the same time utilising the expertise of other specialist knowledge specific to ward areas.

By working and supporting Directorates to deliver critical care services outside ‘the walls’ of critical care units, will improve the patients experience and ensure staff are supported in managing an ever increasing workload. This will ultimately provide more job satisfaction improve staff development and increase staff retention.

Contact: Chris Smith – Lead Critical Care Nurse, Southampton University Hospitals Trust.
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Conclusion

High turnover, vacancies that remain unfilled for long periods of time, and the frequent use of temporary staff, often leaves the remaining employees feeling pressurised by capacity issues. It also hinders the opportunities for staff to attend various education and training programmes, which enable them to be better healthcare professionals and motivate them to stay.

“What you do at local level will affect our success nationally, just as national strategies will affect your results locally. We need to share our strengths to succeed in continuing to build the workforce our service needs”.

Andrew Foster, HR Director, Dept of Health

Patients want to be treated by motivated, fairly rewarded staff and this document demonstrates ways that NHS employers and employees contribute to better patient care through imaginative recruitment and retention policies. However, making the NHS a ‘modern’ employer requires cultural as well as organisational change.

So how is it done?

• By listening to and empowering staff
• By making improvements to services and patient care
• By reviewing pay and conditions
• By developing training opportunities
• By supporting staff
• By sharing strengths
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