

North East and Yorkshire, Looking After Our People – Retention Project Initiation Document

February 2021



Contents

1. Background – national context and policy drivers	3
2. North East and Yorkshire Retention Path finder.....	4
2.1 Our vision.....	4
2.2 Our ambition.....	4
2.3 Our approach.....	6
2.4 Our aims.....	6
2.5 Data diagnostic findings.....	6
2.5.1 What is going well?.....	8
2.5.2 Areas for improvement.....	12
2.6 North East and Yorkshire Regional Workforce Plan	14
2.7 NHS People Pulse.....	14
2.8 System and trust-level data.....	15
2.9 Community of Practice (CoP).....	16
2.10 Primary drivers for retention.....	19
2.11 Framework for action.....	20
2.12 Pathfinder evaluation.....	21
3. North East and Yorkshire Regional Retention Plan	22
4. Related programmes and dependencies.....	24
4.1 50k nurse programme.....	24
4.2 National retention priorities.....	24
4.2.1 Improving data quality.....	26
4.2.2 Bringing Back Staff (BBS).....	26
4.3 Regional interdependencies.....	26
5. Governance.....	28
6. Communications and engagement.....	30
7. Memorandum of Understanding, budget resources and requirements.....	31
8. Research.....	32
9. High level milestone plan.....	34
10. Risks and mitigations.....	35



1. Background – national context and policy drivers

As set out in the [NHS Long Term Plan](#) and [We are the NHS: People Plan for 2020/21](#), we need to improve the experience of our people so that they choose to stay with us for longer. The ‘Looking After Our People (LAOP)’ – Retention Programme brings together national and local experience and expertise to offer information, tools and practical support for systems and organisations to help deliver the [NHS People Promise](#), in line with local People Plans.

The retention workstream is one of several interdependent workstreams to fulfil the contribution to the Government manifesto commitment of delivering 50,000 more nurses in the NHS in England by September 2025 by improving morale and slowing the rate of nurses leaving NHS employment (in both primary and secondary care). Other workstreams include international recruitment, domestic supply and apprenticeships.

The LAOP Retention Programme builds upon NHS Improvement’s (NHSI’s) previous nurse retention programme but with a shift to a systems by default approach. In taking a whole systems view of retention, the programme will be delivered through Integrated Care Systems (ICSs), involving primary, secondary and social care providers, strengthening partnership working between the NHS, local government and others, in the pursuit of improved collaboration that ultimately translates into better outcomes for staff and for those that use health and care services. Such an approach is aligned with supporting the development of a ‘one workforce’ strategy across ICSs and compliments the legislative changes in the recent [White Paper - Integration and Innovation: working together to improve health and social care for all](#). The remit of the programme has also been expanded to cover all staff groups (both clinical and non-clinical), whilst at the same time maintaining a tight focus on nurses, with the recognition that this staff group forms the largest part of the NHS workforce and is the group currently experiencing the most severe staffing shortages.

Nationally, the LAOP Retention Programme will take an evidence-based approach, building on our knowledge of ‘what works’ from NHSI’s previous programme and utilising data from the Electronic Staff Record (ESR) and NHS Staff Survey, alongside intelligence from engagement with multiple stakeholders. Whilst regionally supported systems-led delivery will be the cornerstone of driving improvements in the retention of staff, experience tells us that there are certain areas where a national focus can reduce duplication and result in economies of scale. As such, NHS England and Improvement (NHSE&I) are taking national action on several key areas representing common challenges at a local level, supported by a programme team, members of which are aligned with the seven strands of the NHS People Promise.

COVID-19 has placed enormous strain on our NHS workforce and it is essential that we acknowledge and appreciate the efforts of our staff in response to the pandemic. Uncomfortable truths have been brought to the fore as a result of COVID-19 and, notably, with regards to the workforce, identified areas such as long-standing differences in the treatment of staff across minority groups that we urgently need to address. The LAOP Retention Programme has been designed to ensure a continued focus on reducing workplace inequalities so that all our staff have a positive experience of working for the NHS. The retention programme will also build on the many positives to come out of the pandemic, capitalising on the tighter links that have been forged within systems and utilising data derived from



new engagement tools, such as NHS People Pulse, to ensure we continue to listen to the experiences of all of our staff and use this feedback to target areas for action.

2. North East and Yorkshire Retention Pathfinder

North East and Yorkshire were selected to be one of three 12-month pathfinder sites for the LAOP Retention Programme. The pathfinder launched in September 2020 and used a 90-day improvement cycle to undertake a data diagnostic and develop a community of practice (CoP) to proactively engage and work collaboratively to deliver system improvements with the four ICSs (Humber Coast and Vale, North East and North Cumbria, South Yorkshire and Bassetlaw, and West Yorkshire and Harrogate), which include a total of 33 Trusts, working alongside Clinical Commissioning Groups (CCGs), local councils and other voluntary and community partners.

2.1 Our vision

Through partnership working across our four systems in the North East and Yorkshire, and with input from national teams, our goal is to co-design solutions that are locally owned and sustained over time. We will build our CoP, support our stakeholders, and specifically monitor progress against People Plan priorities to demonstrably improve retention and reduce leaver rates. We recognise the challenges that COVID-19 has presented to our staff and will support them in the weeks and months to come to ensure that all our workforce feel valued and looked after and want to stay working in the sector to deliver high-quality patient care.

2.2 Our ambition

The North East and Yorkshire LAOP Retention Programme will take a systems approach to improving retention outcomes for all staff groups (both clinical and non-clinical) across primary, secondary and social care.

In recognition of the contribution of this programme to the delivery of having 50,000 more nurses in the NHS in England by the end of the Parliament, our ambition is to retain a sufficient number of nurses across the North East and Yorkshire to fulfil the regional share of the overall national target.

Whilst the regional share of the national target remains to be finally confirmed, our likely share of defined components contributing to the overall gain is becoming clearer. We anticipate that the North East and Yorkshire will be required to deliver an overall net gain across the 4.5 years of the policy programme (September 2019 – March 2024) of 7,108 nurses, just over 14% of the national total. Further detail on the regional nursing retention target, projected in-year requirements, and indicative ICS system-level share are set out in table 1, which also includes data relating to the other interdependent workstreams being progressed to achieve the overall policy aim.





Table 1: Indicative North East and Yorkshire system-level share of interventions to meet the 50k nurse target

	National aim	NEY baseline	NEY target - programme lifetime	20/21 aim	Current delivery (region)			In year requirement (programme)				Indicative system level share				Indicative system level share				Indicative system level share				Indicative system level share				
					Existing target (prior to 50k)	Delivered 19/20	20/21 YTD	20/21 projected year end - region	20/21 in year based on trajectory	21/22 in year based on trajectory	22/23 in year based on trajectory	23/24 in year based on trajectory	2020/21				2021/22				2022/23				2023/24			
	Multi-year policy aspiration Sept 19 - Mar 24	SIP at Sept 19	Indicative regional share @ Dec 20, subject to change						WY	SYB	HCV	NENC	WY	SYB	HCV	NENC	WY	SYB	HCV	NENC	WY	SYB	HCV	NENC	WY	SYB	HCV	NENC
Nursing & Midwifery																												
Baseline growth, comprising:	15,806	12,378	3,320		886	0	1642	541	674	643	576	147	93	101	200	183	116	125	249	175	111	120	238	157	99	107	213	
Existing Education Commissions (UG, PG RTP) *			11,804		1164		1642	2527	2693	2710	2710	687	435	470	935	732	463	501	996	737	466	504	1,003	737	466	504	1,003	
Wider Labour Market			3,954		453			875	876	875	875	238	151	163	324	238	151	163	324	238	151	163	324	238	151	163	324	
Within NHS flow - UK			-1,717		442			-540	-540	-539	-540	-147	-93	-100	-200	-147	-93	-100	-200	-147	-93	-100	-199	-147	-93	-100	-200	
Within NHS flow - international			191					107	28	28	28	29	18	20	40	8	5	5	10	8	5	5	10	8	5	5	10	
Baseline leavers			-10,911		-1253			-2349	-2382	-2430	-2497	-639	-404	-437	-869	-648	-410	-443	-881	-661	-418	-452	-899	-679	-429	-464	-924	
Domestic interventions, comprising**:	9,780		1,846		1164	40	40	20	143	467	1012	5	3	4	7	39	25	27	53	127	80	87	173	275	174	188	374	
New Undergraduates	2,965		531		1084			0	0	0	531	0	0	0	0	0	0	0	0	0	0	0	0	144	91	99	196	
New Postgraduates	318		-22		67			0	0	-12	-10	0	0	0	0	0	0	0	0	-3	-2	-2	-4	-3	-2	-2	-4	
Improved pre-registration attrition UG&PG	1,027		186		0			16	20	20	62	4	3	3	6	5	3	4	7	5	3	4	7	17	11	12	23	
Return to Practice starters	663		235	120	13	40	40	4	82	78	-23	1	1	1	1	22	14	15	30	21	13	15	29	-6	-4	-4	-9	
NA to RN conversion	1,347		335		0			0	0	112	223	0	0	0	0	0	0	0	0	30	19	21	41	61	38	41	83	
AP to RN conversion	1,693		273		0			0	0	136	137	0	0	0	0	0	0	0	0	37	23	25	50	37	24	25	51	
Direct entry apprenticeships	1,767		307		0			0	41	133	92	0	0	0	11	7	8	15	36	23	25	49	25	16	17	34		
Net international recruitment	17,583		823		143			86	143	199	252	23	15	16	32	39	25	27	53	54	34	37	74	69	43	47	93	
Retention (domestic and international)	7,108		763		122			126	141	175	199	34	22	23	47	38	24	26	52	48	30	33	65	54	34	37	74	
Primary Care nursing	excluded	3,136	409		48			87	89	91	94	24	15	16	32	24	15	17	33	25	16	17	34	26	16	17	35	
Model adjustment	n/a		27		0			2	16	4	5	1	0	0	1	4	3	3	6	1	1	1	1	1	1	1	2	
Total*	50,277		7,188		2,363	40	1,682	862	1,206	1,579	0	234	148	160	319	328	207	224	446	429	272	294	584	582	368	398	791	

2.3 Our approach

Four core principles underpin the delivery of the North East and Yorkshire Retention programme:

1. **Partnership working** between organisations, across our system, and with regional and national teams.
2. **Consider all staff groups**, clinical and non-clinical – focusing on ‘hot spot’ areas, whilst ensuring nursing objectives are met in respect of the Government’s manifesto commitment.
3. **Be evidence-based** and harness available data to create a single version of the truth.
4. **Co-design solutions** that are locally owned and sustained over time.

2.4 Our aims

In pursuit of the overall vision and ambition for the programme, the following four aims have been identified:

1. To support the effort to improve the retention of our NHS people (and people in partner organisations) by improving staff experience.
2. To slow the leaver rate, with a particular focus on nurses and allied health professionals (AHPs).
3. To contribute to the national 50k nurse Government manifesto commitment.
4. To bring together national and local experience/expertise to offer information, tools and practical support through a Regional Retention CoP.

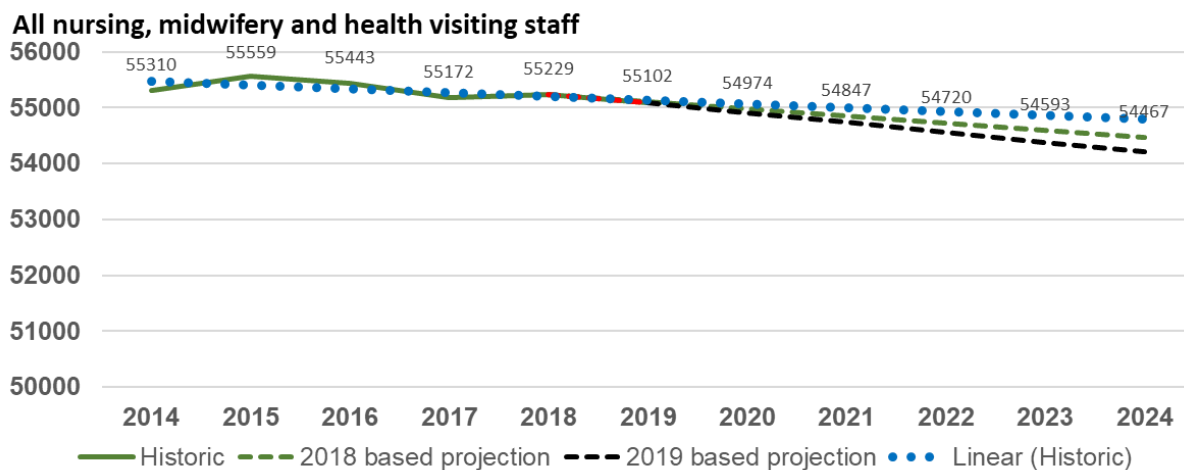
2.5 Data diagnostic findings

The pathfinder has taken an evidence-based approach, using data to identify the key drivers for change. Since the ability to retain staff is an outcome of good employment practice across a number of areas, the data used to inform the programme extends beyond simple measurement of those leaving the service to encompass broader measures of staff experience, which provide indicators as to workload and working conditions.

As illustrated in figure 1, the data shows that the size of the nursing, midwifery and health visitor workforce across the North East and Yorkshire has reduced slightly between 2014 and the present date. Using observed behaviours, the graph also depicts that this section of the workforce can be forecast to remain at current levels, or reduce, but not grow.



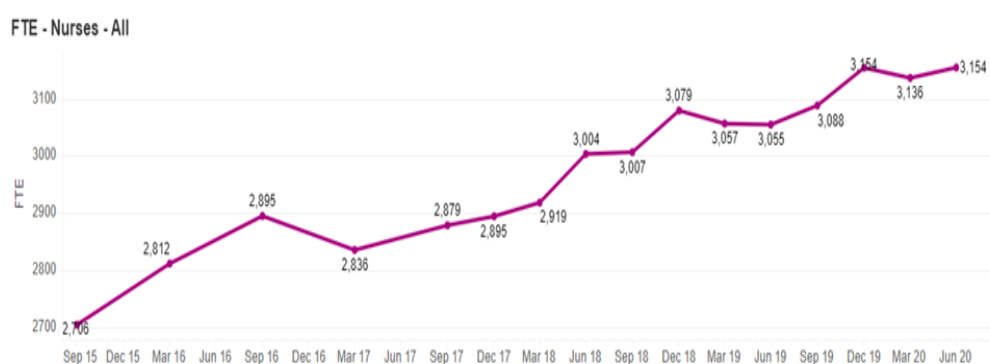
Figure 1: North East and Yorkshire NHS Trust nursing, midwifery and health visiting workforce: change over time



As shown in figure 2, there have been small increases in the numbers of primary care nursing staff in post between September 2015 and June 2020. When considering primary care data, it is important to note that data quality issues have been identified, and prioritised as an area requiring national focus, with the expectation that more robust intelligence will become available as greater numbers of Primary Care Networks (PCNs) return their data to NHS Digital.

Figure 2: North East and Yorkshire primary care nursing workforce: change over time

Primary Care Staff in Post: Nurses



This data emphasises the need for continued action and change to address future staffing shortfalls, through taking steps to address both the supply pipeline in the longer term and taking steps to ensure a sustained focus on retention in the more immediate term.



When looking at NHS Digital, ESR and NHS Staff Survey data (across indicators known to impact on retention) for the North East and Yorkshire region, in comparison with the national picture, it is possible to identify a number of positive metrics, in addition to metrics that suggest areas for improvement.

2.5.1 What is going well?

- Registered nursing and midwifery **leaver rate 4.5%** as at November 2020. Historically, over recent years, the North East and Yorkshire has had the shared lowest regional leaver rate with the North West.

As shown in table 2, the leaver rate for registered nurses and midwives across each of the four ICSs in the North East and Yorkshire has been slowing since April 2018, although it is important that the most recent data is considered in the context of the pandemic, which is likely to have contributed to sharper improvements in retention outcomes than may otherwise have been expected.

- It is also of note, that in comparison to national systems-level data, as at September 2020, North East and North Cumbria and South Yorkshire and Bassetlaw had the lowest registered nursing and midwifery leaver rate of all ICSs and sustainability and transformation partnerships (STPs) nationally.

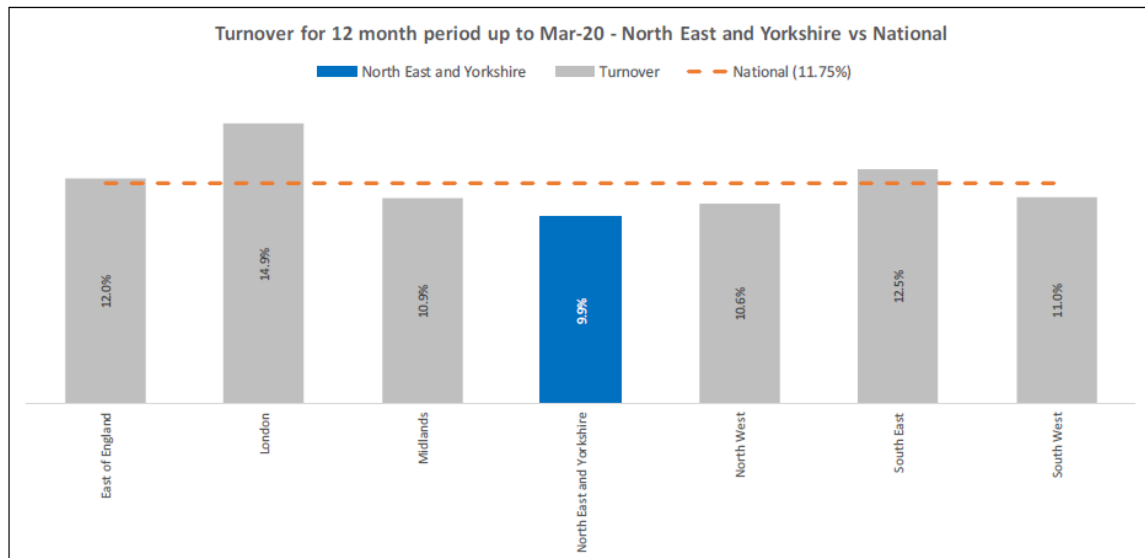
Table 2: Registered nursing and midwifery leaver rate across each of the four North East and Yorkshire ICSs

ICS	Apr-18	Sep-18	Sep-19	Sep-20
Humber, Coast and Vale	7.01%	6.64%	6.07%	5.30%
West Yorkshire and Harrogate (Health & Care Partnership)	6.44%	6.11%	5.69%	4.89%
South Yorkshire and Bassetlaw	5.11%	5.35%	5.51%	4.57%
North East and North Cumbria	5.43%	5.50%	5.52%	4.26%

- Lowest turnover** of registered nursing and midwifery staff for any region nationally, as shown in figure 3.



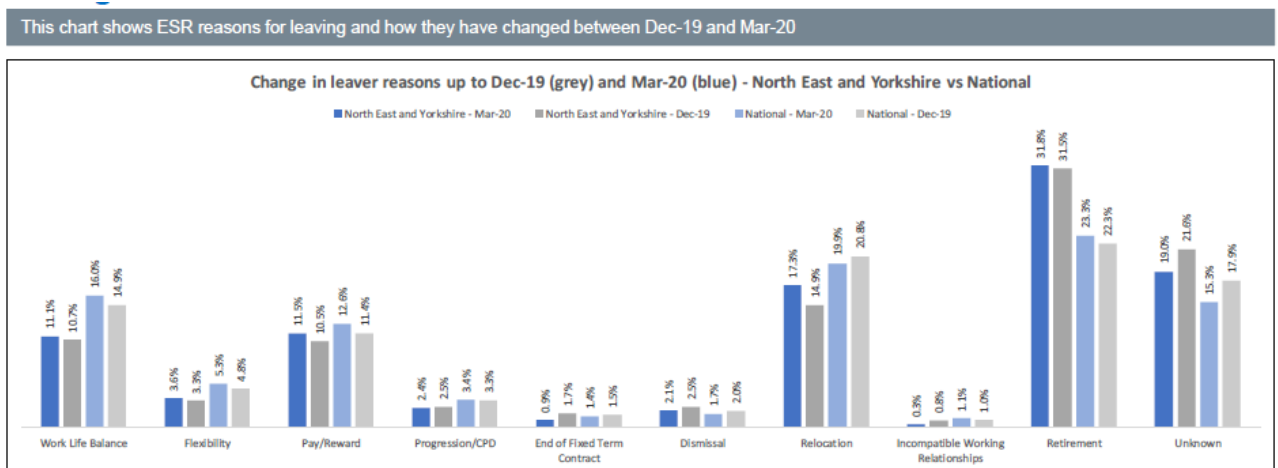
Figure 3: Regional turnover comparison for registered nursing and midwifery staff



Source: Department of Health & Social Care

- **Reduced turnover year on year** of registered nursing and midwifery staff - in line with all regions.
- Fewer registered nursing and midwifery staff leave due to **work-life balance** (although this has increased notably year on year) and **relocation** in the North East and Yorkshire than nationally, and more due to retirement, as shown in figure 4.

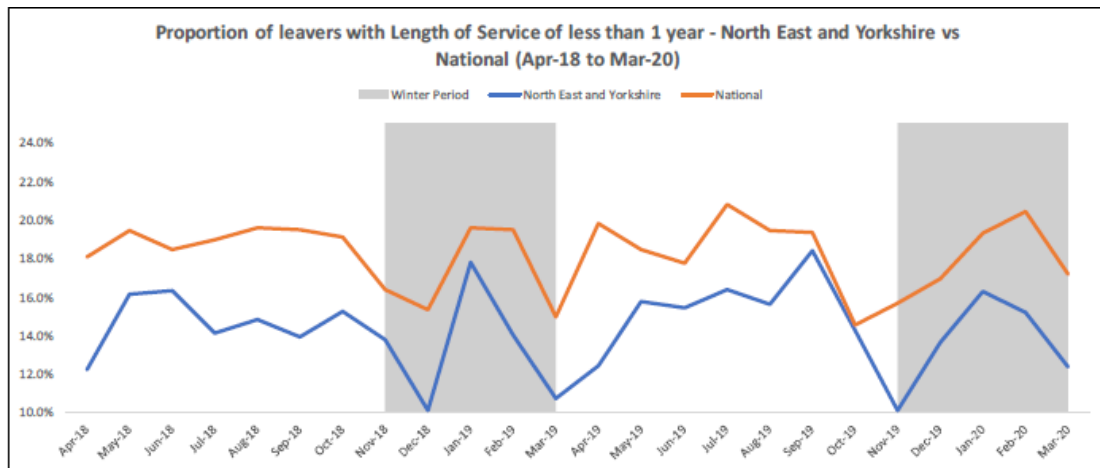
Figure 4: Change in ESR reasons for leaving for registered nursing and midwifery staff – North East and Yorkshire compared with National



- Fewer registered nursing and midwifery staff leave within **first year of service** in the North East and Yorkshire than national average, as shown in figure 5.



Figure 5: Proportion of registered nursing and midwifery staff with less than 1 years' service leaving the NHS – North East and Yorkshire comparison with National



- In the Staff Survey, when looking at scores for all staff groups, the North East and Yorkshire scores above the national average for **equality, diversity and inclusion** and, as shown in figure 6, **bullying and harassment**.

Whilst the North East and Yorkshire performs better than average in terms of staff perceptions of bullying and harassment, as depicted in figure 7, the region is the least well performing region nationally on the **Freedom to Speak Up (FTSU) index**, having made the least improvement on this measure year on year.

Figure 6: Staff experience of the workplace

Staff Survey Outliers

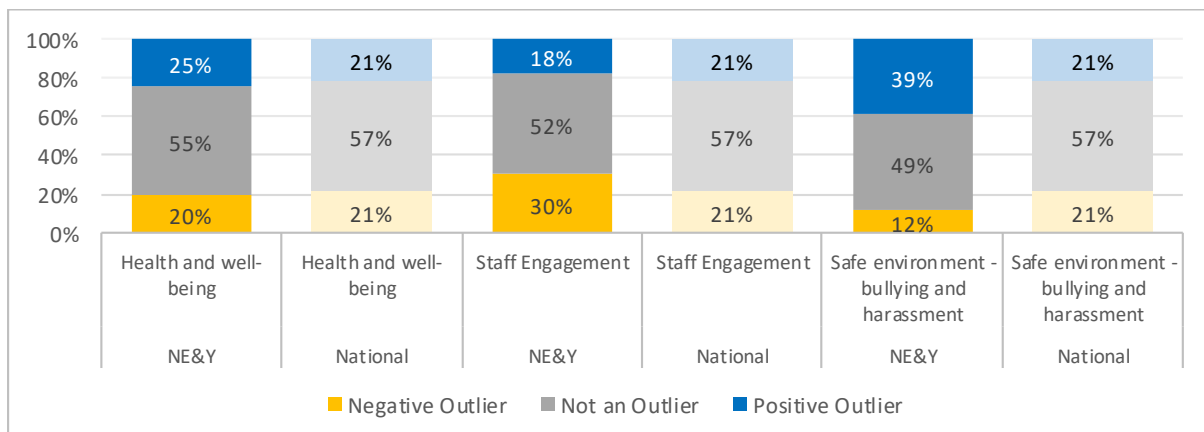
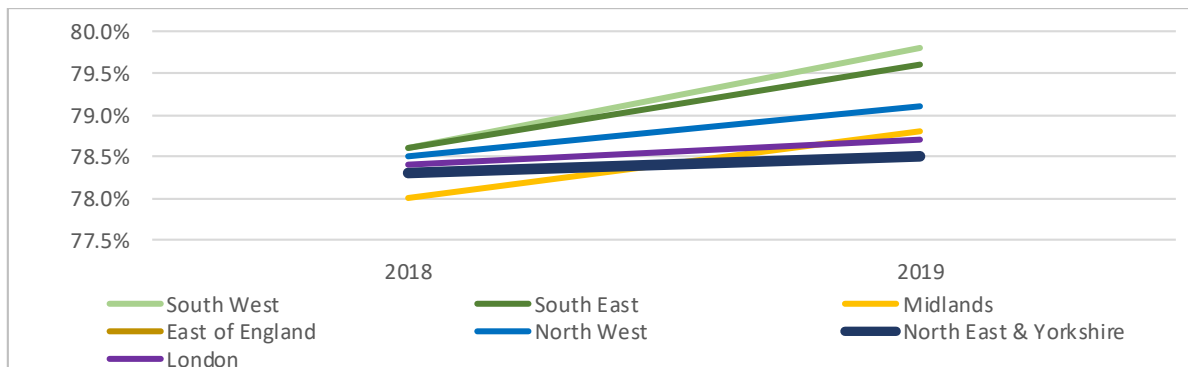


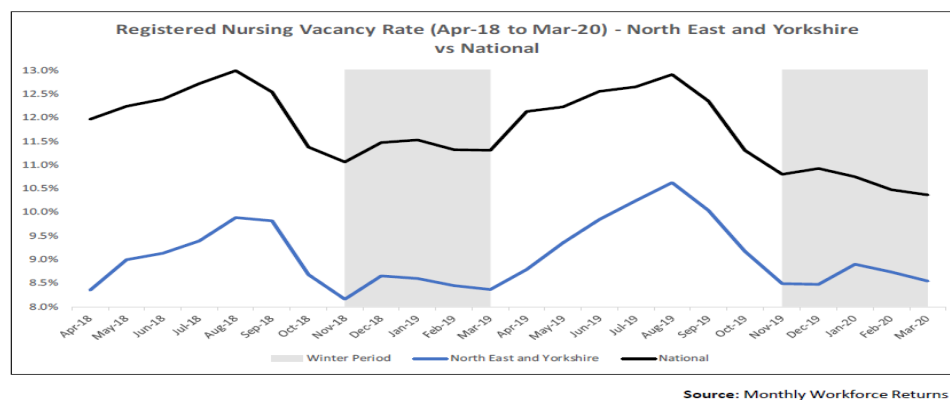
Figure 7: Freedom to Speak Up Index

Mean average of responses to four questions from the NHS Staff Survey:



- The vacancy rate for registered nursing and midwifery staff is consistently lower than the national average, as shown in figure 8.

Figure 8: Registered nursing and midwifery vacancy rate – North East and Yorkshire comparison with National



- Overall, as shown in figure 9, North East and Yorkshire ESR data is of a better standard of quality than the rest of the country. Further investigation at ICS level could help colleagues focus on remaining areas of concern.



Figure 9: ESR data quality

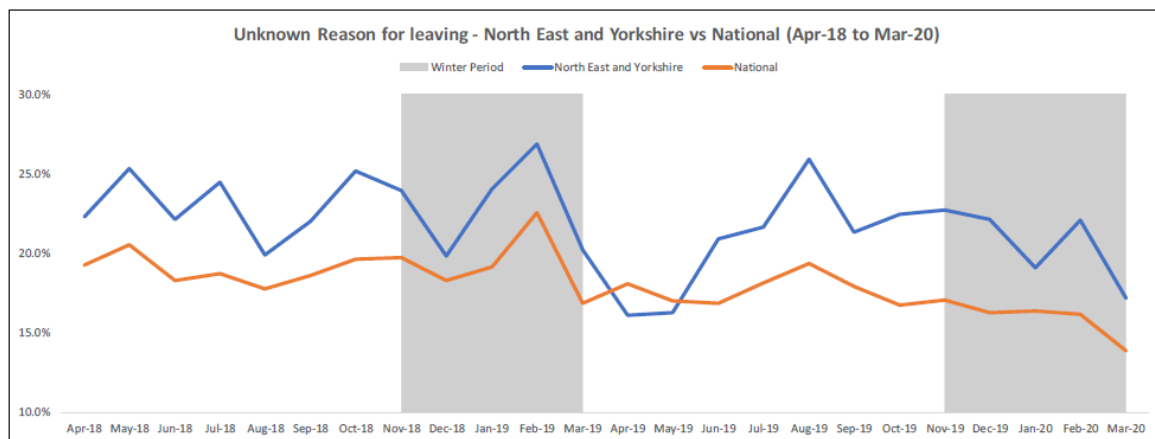
	NEY			
	Error Count	Record Count	% Errors	England & Wales Ranking
Overall England and Wales Ranking	1st out of 9			
Date of birth should not be NULL	0	232,684	0	1
At the report date this employee is indicated to be 80 years or over	16	232,684	0.007	3
At the report date this employee is indicated either that they are Non-Medical staff aged less than 15 years or Medical & Dental staff aged less than 21	0	232,684	0	1
Ethnic Group should not be NULL	1369	232,684	0.588	2
The Religion field should not be NULL ¹	1779	49,805	3.572	3
Sexual orientation should not be NULL ¹	1640	49,805	3.293	2
Disability Record should not be NULL ¹	2131	49,805	4.279	3
Nationality should not be NULL and also be a valid Nationality	6084	232,684	2.615	3
NHS Org (Source) should not be NULL if Recruitment Source is the NHS ¹	764	49,805	1.534	4
Recruitment Source should not be NULL ¹	2662	49,805	5.345	1
The Latest Start Date should not be NULL	0	232,684	0.000	1
Latest Start Date should not be more than 90 days in the future	0	232,684	0.000	1
Age at Date of Joining organisation is less than 15 years	4	232,684	0.002	8
National Insurance Number within the National Identifier field should not be made up of the employee's Date of Birth	1	232,684	0.000	6
National Insurance Number within the National Identifier field should not contain non-random, numeric strings, or have a NULL Value	20	232,684	0.009	2
The Area of Work field held on the Position should not be NULL	338	235,749	0.143	5
Assignment Category should not be NULL	328	235,749	0.139	2
Assignment Status should not be NULL	0	235,749	0.000	1
An individual person's total combined Contracted FTE is not expected to exceed 1.28 - please check that the figures are correct	25	232,194	0.011	2
Staff Group 'Registered Nursing and Midwifery' with a Grade Code of AIC grade lower than Band 5	92	64,881	0.142	5
Occupation Code = N* (except NG*, NF*, NH*, NB* and N9*) with a Grade Code of AIC grade lower than AIC Band 5	122	64,798	0.188	6
If Staff Group is not 'Medical and Dental' Grade Code should not start with K, L, M, Y or Z	414	216,266	0.191	9
If Occupation Code is not 'Medical and Dental' Grade Code should not start with K, L, M, Y or Z	424	216,277	0.196	8
If Staff Group is 'Medical & Dental' then Payscale must start with K, L, M, Y or Z (and must not be XR or XN)	121	19,483	0.621	7
If Occupation Code is 'Medical & Dental' then Payscale must start with K, L, M, Y or Z (and must not be XR or XN)	141	19,472	0.724	8
If Occupation Code is 'Medical & Dental' then Staff Group should be 'Medical and Dental'	40	19,472	0.205	7
If Occupation Code is a Non-Medical one then the Staff Group should be a Non-Medical one	51	216,277	0.02	7
Employee with an Occupation Code of G0* or G1* with AIC Band 7 and below	805	4,934	16.315	6
Professional Registration Body is General Dental Council, but the Occupation code appears to not require this Registration	79	1,973	4.004	3
Occupation Code is no longer valid or is blank (see the Current Occupation Code Manual)	41	235,749	0.017	3
Professional registration body is 'General Medical Council' but the Occupation Code appears to not require registration	50	18,582	0.269	6
Occupation Code requires General Medical Council or General Dental Council Registration, but employee is not licenced to practice or Reg body field is blank	8	559	1.431	5
Occupation Code requires Health and Care Professions Council Registration with registration type PA (Paramedic), but employee's Registration Profession is not PA or is blank	115	2,473	4.650	7
Occupation Code requires Nursing and Midwifery Council Registration, but employee's professional registration is not NMC, is invalid or is blank	1187	65,269	1.819	4
Occupation Code requires Health and Care Professions Council Registration, but employee's registration is not HCPC, is invalid or is blank	615	16,037	3.835	3
Occupation Code requires Health and Care Professions Council or General Optical Council Registration, but employee's registration is not HCPC, C, is invalid or is blank	6	330	1.818	1
Occupation Code requires General Pharmaceutical Council Registration, but employee's registration is not GPhC or is blank	220	3,559	6.182	2
Occupation Code requires Health and Care Professions Council Registration with registration type Clinical Scientist, but employee's Registration Profession is not CS or is blank	322	782	41.176	2
Occupation Code requires Health and Care Professions Council, General Dental Council Registration or No Registration required, but the Registration Body is not HCPC or GDC	2	272	0.735	7
Occupation code requires Health and Care Professions Council, General Medical Council, Nursing and Midwifery Council (NMC) or NO registration required, but Registration Body is not HCPC, GMC or NMC	0	502	0	1
Registration Profession is 'CS', but the Occupation Code appears not to require employee to be a Clinical Scientist	33	7,663	0.431	5
Professional Registration Body is 'General Pharmaceutical Council (GPhC)' but the Occupation code appears not to require this Registration	72	118,213	0.061	1
The Job Role on the Position should not be NULL	0	232,684	0	1
The Job Role is now Closed - please amend to a valid Job Role	0	232,684	0	1
Leaver with active assignments ¹	0	44,527	0	1
Destination on Leaving should not be NULL ¹	3926	44,527	8.817	4
NHS Org (On Leaving) should not be NULL if the Dest on Leaving is NHS Organisation ¹	852	12,223	6.97	2
Reason for Leaving should not be NULL ¹	0	44,527	0	1

2.5.2 Areas for improvement

- In the Staff Survey, data relating to registered nurses and midwives shows that the North East and Yorkshire scores below the national average on **flexible working, health and wellbeing, and quality of appraisals**.
- **'Unknown'** is entered in ESR as the reason for registered nurses and midwives leaving in North East and Yorkshire more than in any other region, as shown in figure 10.



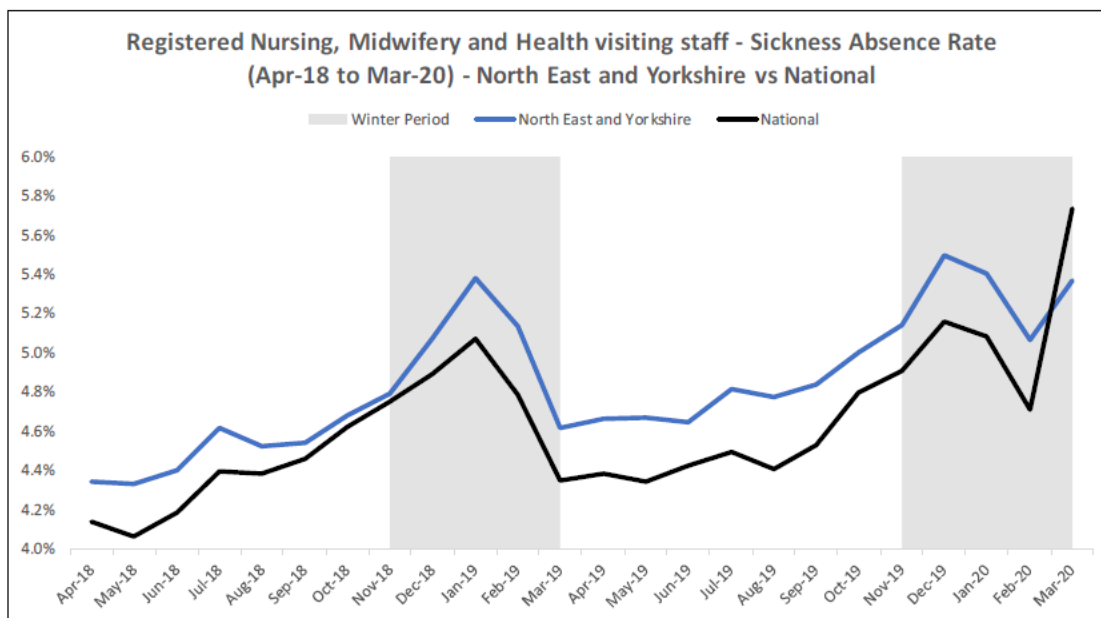
Figure 10: Unknown reason for leaving recorded for registered nursing and midwifery staff – North East and Yorkshire compassion with National



Source: ESR

- Sickness absence rates for registered nursing and midwifery staff in the North East and Yorkshire are consistently higher than the national average, as shown in figure 11.

Figure 11: Sickness absence rates for registered nursing and midwifery staff - North East and Yorkshire compassion with National



Source: NHS Digital

- There are more dismissals for registered nursing and midwifery staff in the North East and Yorkshire than the national average, particularly amongst those staff aged 40-55.



2.6 North East and Yorkshire Regional Workforce Plan

Since the ability to retain our health and care workforce is an outcome of good employment practice across a number of areas, it is important to consider the links to the North East and Yorkshire regional workforce plan that has been produced to deliver on key strands of the NHS People Promise.

Notably, with regards to retention, review of North East and Yorkshire system people plans has identified the following:

- Use of trust-based stocktakes and pulse surveys to underpin planning is happening but more work is needed to engage colleagues employed elsewhere.
- Flexible working responses are predominantly COVID-19-related and flexibility as a principle that supports staff engagement and retention needs to be further explored, building on the positive steps that have already been taken to implement e-rostering and e-job planning and establish collaborative staff banks across medical and nursing.
- North East and North Cumbria has the highest prevalence of staff mental health needs nationally and a response to this has been recognised as a strategic priority, with particular challenges reaching social care colleagues identified.

Progress has been made around:

1. Increasing inter-authority transfers.
2. Statutory/mandatory training aligned more closely to framework and transfer of competencies between trusts enabled.
3. 'Future Workforce' schools engagement programme has been established.
4. Collaboration process around recruitment and retention premia is being progressed.
5. Health and wellbeing leads group has been established and health and wellbeing offer and hub are being developed.
6. Co-ordinated work across systems focusing on diversity and inclusion, with establishment of new networks and a focus on increasing representation of Black, Asian, and minority ethnic (BAME) individuals in senior leadership positions.

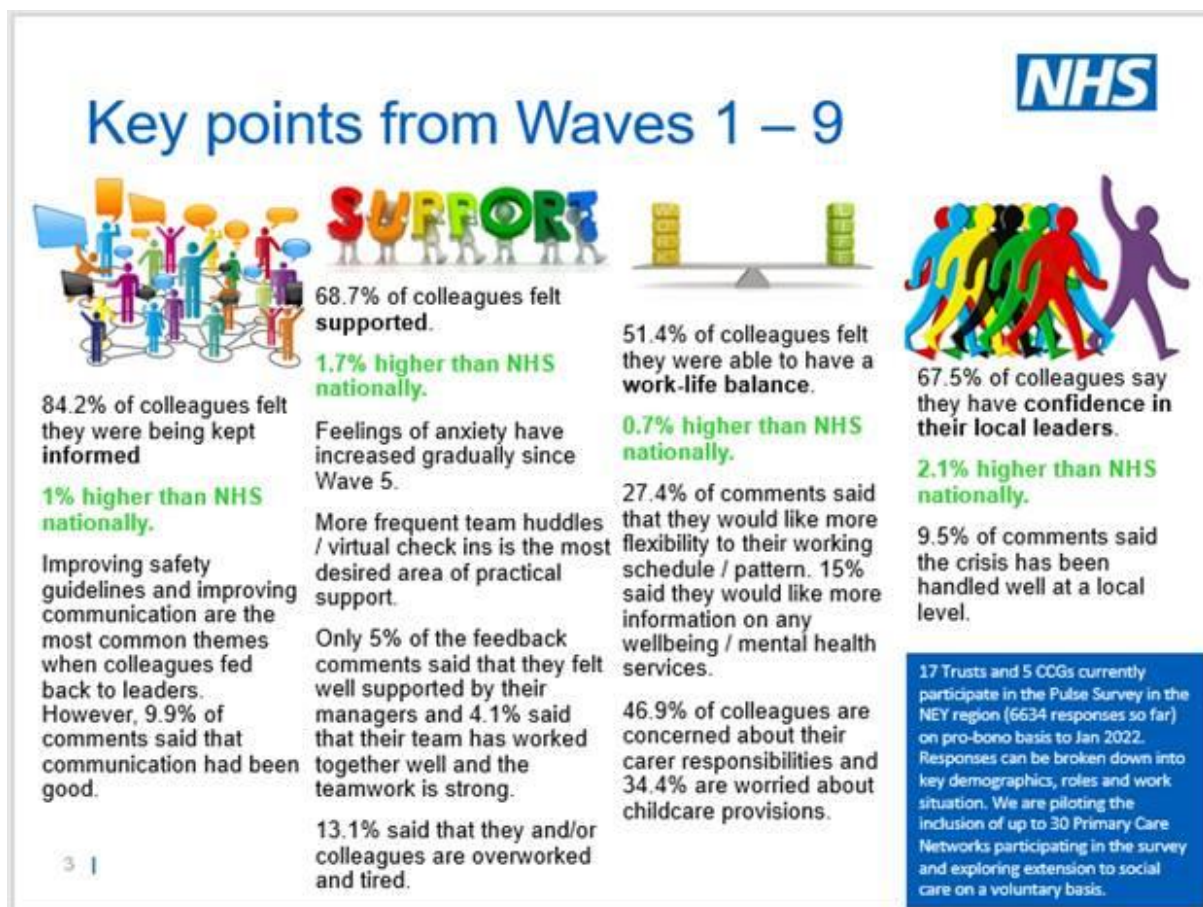
2.7 NHS People Pulse

In addition to interrogation of NHS Digital, ESR, and NHS Staff Survey data, the North East and Yorkshire LAOP Retention Pathfinder Programme has used data derived from NHS People Pulse, a tool introduced during COVID-19 to take a 'temperature check' on how staff within trusts and CCGs are feeling, feedback from which can be used to inform local and national priorities for improving staff experience.



People Pulse was launched on 1st July 2020 and has been implemented on a voluntary basis. Initially, the survey ran fortnightly but as of 23rd September 2020 this has moved to monthly. As of wave 9 (11th January 2021), there have been a total of 6634 responses to the survey from across the North East and Yorkshire, with 17 trusts and 5 CCGs from across the region participating. 30 Primary Care Networks (PCNs) can now participate in the survey, although the data for primary care is not yet available. A summary of the key points from waves 1-9 is shown in figure 12.

Figure 12: Summary of People Pulse data (waves 1-9) – North East and Yorkshire comparison with National



2.8 System and trust-level data

The information above provides an overview of the regional data that has been used to inform delivery of the 90-day North East and Yorkshire LAOP Retention Pathfinder. To enable a systems-focus and to allow individual trusts to benchmark their progress against comparative organisations, the pathfinder has also collated and undertaken analysis of nursing and midwifery data at ICS and trust level and shared data packs with the relevant system and organisational workforce leads. It is important to note, that the data provided in this document and the data packs shared previously represent a snapshot in time. Ongoing data analysis at both a regional and systems level will be required throughout the



duration of the 12-month pathfinder programme to track progress and ensure retention plans maintain focus on areas where the biggest gains can be made.

Table 3 highlights key themes for each of the four ICSs across North East and Yorkshire. Further analysis has also been undertaken to identify positive and negative outliers at individual trust level, the detail of which will be integral to identifying examples of best practice and the potential for ‘buddy’ support between organisations within systems, as we move beyond the 90-day pathfinder into the next phase of implementation.

Table 3: ICS key retention themes

ICS	Key themes
North East and North Cumbria	<ul style="list-style-type: none"> ✓ Turnover lower than regional average ✓ Retirement rate higher than regional average ✓ Fewer ‘unknown’ reasons for leaving than regional average – good data quality ✓ Staff survey better than regional overall scores, except for over 55s ❖ Flexibility is more of an issue than the regional average against most age groups, and has deteriorated notably from 2018 to 2019
South Yorkshire and Bassetlaw	<ul style="list-style-type: none"> ❖ Higher number of ‘unknown’ reasons for leaving than any other system
West Yorkshire and Harrogate	<ul style="list-style-type: none"> ✓ Relocation more of a reason for leaving amongst under 25s- and 25-29-year olds than elsewhere in NE&Y ✓ Lower than average retirement rate for the region ❖ Highest turnover of the four systems in NE&Y
Humber Coast and Vale	<ul style="list-style-type: none"> ✓ Notable reduction in turnover year-on-year ✓ Proportion of leavers in first year of service is significantly below regional average ❖ Staff survey scores are below national average for everything except equality, diversity and inclusion (EDI)

2.9 Community of Practice (CoP)

To build energy and engagement, create a sense of ‘our shared purpose’, and build connections between people working in the retention space across North East and Yorkshire, a CoP was launched in October 2020, which had 5 key aims:



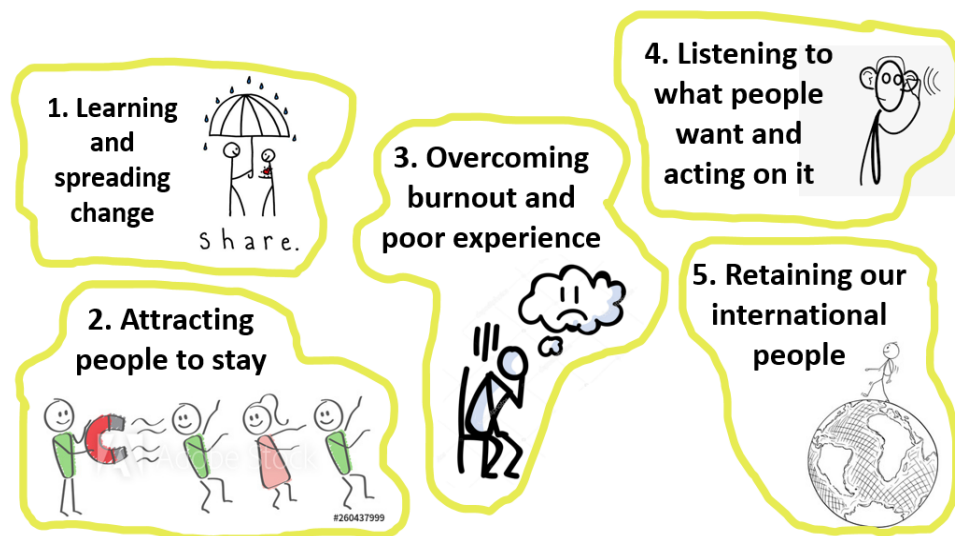
1. Create a cross-system collaborative across North East and Yorkshire which is focused on retaining our NHS people, across many staff groups.
2. Ensure that our North East and Yorkshire collaborative meets the needs of local teams and helps to achieve our nationwide ambitions to retain our NHS people.
3. Identify what regional and national teams need to do to support local systems to lead and implement approaches that lead to the retention of our people.
4. Share good practice, existing strengths, resources and innovations as a result of COVID-19.
5. Explore the critical actions required to deliver our ambitions to retain our NHS people.

A collaborative approach was taken to the design of a launch event for the CoP, which involved input from national, regional and ICS leads. The launch event was delivered on 21st October 2020 in the form of an ‘unconference’, facilitated by NHS Horizons. Over 90 participants joined the CoP launch, with representation from both front-line staff and some of the most senior workforce and professional leads from across individual organisations and systems, encompassing primary, secondary and social care.

As part of the unconference, participants were invited to take part in a range of breakout sessions, focused on five key themes, which had been selected following consultation with the design group (see figure 13).

Figure 13: Breakout session themes

Our five themes for retention



As shown in figure 14, the topics for the breakouts, across each of the five key themes ranged from those with a strategic-level focus (i.e. ‘beyond passports: creating an approach for movement between organisations and sectors’) to those more tailored to the level of individual organisations (i.e. ‘helping people to manage their workload’; ‘talking ‘bout my generation’ and ‘understanding the motivations of international recruits and how we support them to stay’).

Figure 14: Breakout session themes and topics



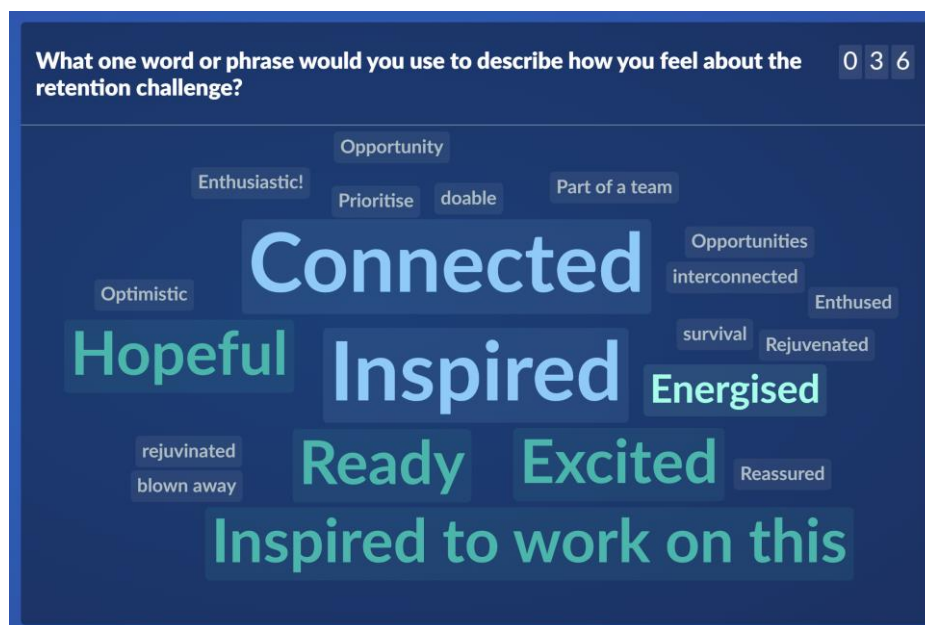
Sli.do polls were used at both the beginning and end of the event to capture participants’ views as to how they felt about the retention challenge and the feedback submitted used to generate two word clouds (see figures 15 and 16). As can be seen from a comparison of the ‘before’ and ‘after’ word clouds, the event resulted in a shift in participant’s feelings, with them feeling more connected, inspired, hopeful and energised at the end of the session. The post-event feedback provides assurance as to the continued benefit in further growing this CoP to foster an inclusive and iterative approach to the maintaining system momentum in efforts to better retain our health and care workforce.



Figure 15: Participants feelings at the beginning of the event



Figure 16: Participants feelings at the end of the event



2.10 Primary drivers for retention

Analysis of the outputs from the breakout sessions was undertaken following the unconference and explored in conjunction with the key regional and system-level data to identify three primary drivers (**flexible working, improving data quality, and health and wellbeing**) for retention across the North East and Yorkshire, as represented in figure 17.



Figure 17: Primary Retention Drivers across the North East and Yorkshire

Pathfinder: Drivers for Retention

North East & Yorkshire Region		
Primary Retention Drivers	Reasons for Leaving – Nursing	NE&Y
Flexible Working	31.8% Retirement <small>Regional Community of Practice – Flexible working and Nursing 50k Workstream - retire and return</small>	<ul style="list-style-type: none"> Leavers due to work life balance have increased year on year Flexible working staff survey scores are worse than the national average Flexible working is identified as a key area across all 4 systems as part of phase 3 and workforce planning Working collaboratively with the nursing 50k workstream - retire and return
	11.1% Work/Life Balance <small>Regional Community of Practice - improving flexibility</small>	
Improve Data Quality	19.0% Unknown <small>Focus on data quality, exit interview processes and increased uptake of Pulse Survey</small>	<ul style="list-style-type: none"> Unknown reasons for leaving entered in ESR more in NE&Y than in any other region - mechanism for improvement 14 Trusts and 5 CCGs currently participating in the pulse survey - opportunity to influence wider uptake
Health and Wellbeing	3.6% Flexibility <small>Flexibility is an amalgamation of reasons for leaving - 'Voluntary Resignation – Child Dependents, Voluntary Resignation – Health, Voluntary Resignation – Adult Dependents'.</small>	<ul style="list-style-type: none"> H&WB staff survey scores are worse than the national average NE&Y has the third highest sickness absence rate in the country Workforce physical health, mental health, resilience and burn-out are highlighted as key risks in the face of a second wave of the pandemic

⁵ *Reasons for leaving (March 2020) together with staff survey outcomes and local knowledge have been used to guide primary drivers articulated to support the drafting of retention action plans and alignment with NHS People Promise

It is intended that the primary drivers highlighted in figure 17 constitute the three broad workstreams for the delivery of the next phase of the North East and Yorkshire regional retention programme, all underpinned by a renewed commitment to ensuring EDI is at the heart of all our people practices, to ensure that no one individual or group gets left behind.

2.11 Framework for action

To maximise the impact of our interventions and to ensure consistency with work being undertaken at a national level in pursuit of the Government’s manifesto commitment to have 50,000 more nurses in the NHS in England by September 2025, the below principles will provide a framework for delivery of the North East and Yorkshire regional retention programme:

1. Take a **segmented approach by career stage**, with targeted support at early stage, middle years and later stage careers (as set out in table 4).
2. Develop **tailored support for at risk groups** which cut across career stages – including BAME staff, international staff, returners.
3. **Identify cross-cutting themes** which will have impact quickly and across the breadth of the workforce.



4. Provide **intensive support for the worst performing** organisations and systems with the biggest gains to make, to be facilitated by NHSE&I regional team and delivered through each of the ICSs.
5. Iterate and **tailor our approach over time** as the needs and capacity of staff and organisations change.

Table 4: Segmented approach by career stage

Early career	Middle career	Later in career
Good induction into new organisation, support from line manager	Flexible working patterns – flexible hours, part time/job share, ability to plan rota in advance	Ability to work less than full time, flexible hours and setting
Flexibility to manage training alongside work; ability to move between organisations to gain experience	Learning and development – supporting on next stage of career pathway and progression	Supporting training and mentoring of ‘next generation’
Clinical mentor (link to preceptorship)	Support on parental leave, and transitioning in and out of career	Flexible pension allowance
Mixed training offer (including virtual as well as face to face)	‘Basic’ health and wellbeing offer in place (e.g. food and rest spaces)	‘Basic’ health and wellbeing offer in place (e.g. food and rest spaces)
‘Basic’ health and wellbeing offer in place (e.g. food and rest spaces)		

Informing our practice will be an emphasis on a process improvement approach that is data-driven and evidence-based. We will use targeted solutions that consider pre-existing good practice and innovative interventions.

2.12 Pathfinder evaluation

In December 2020, an independently-facilitated logic-modelling workshop was held which brought together stakeholders from across the organisations, systems and regions involved in the three LAOP retention pathfinder sites (including the North East and Yorkshire), to capture the learning at the end of the 90-day improvement cycle.

The evaluation approach was codesigned with systems and regions and provided the opportunity to determine the commonalities in experience over the 90-day cycle.

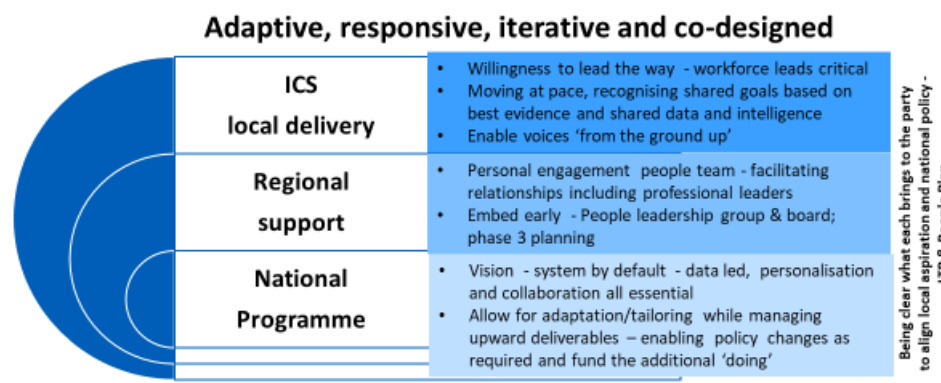


Common anecdotal themes around the experience of the pathfinder sites were as follows:

- Programme must be adaptable, responsive, iterative and codesigned, aligning local aspirations, national policy, Long Term Plan and People Plan.
- Establishing trust and good working relationship between national, regional & ICS stakeholders is critical to shared success.
- Comms and socialisation are just as important as work itself.
- Community of practice and cross system/ regional engagement is a ‘new and exciting’ way of working.

Through the evaluation it was determined that ‘*who*’ we are and how we do things is as important as ‘*what*’ we do and, as shown in figure 18, an adaptive, responsive, iterative and co-designed approach will be critical to the ongoing success of the programme.

Figure 18. Alignment of local aspirations and national policy



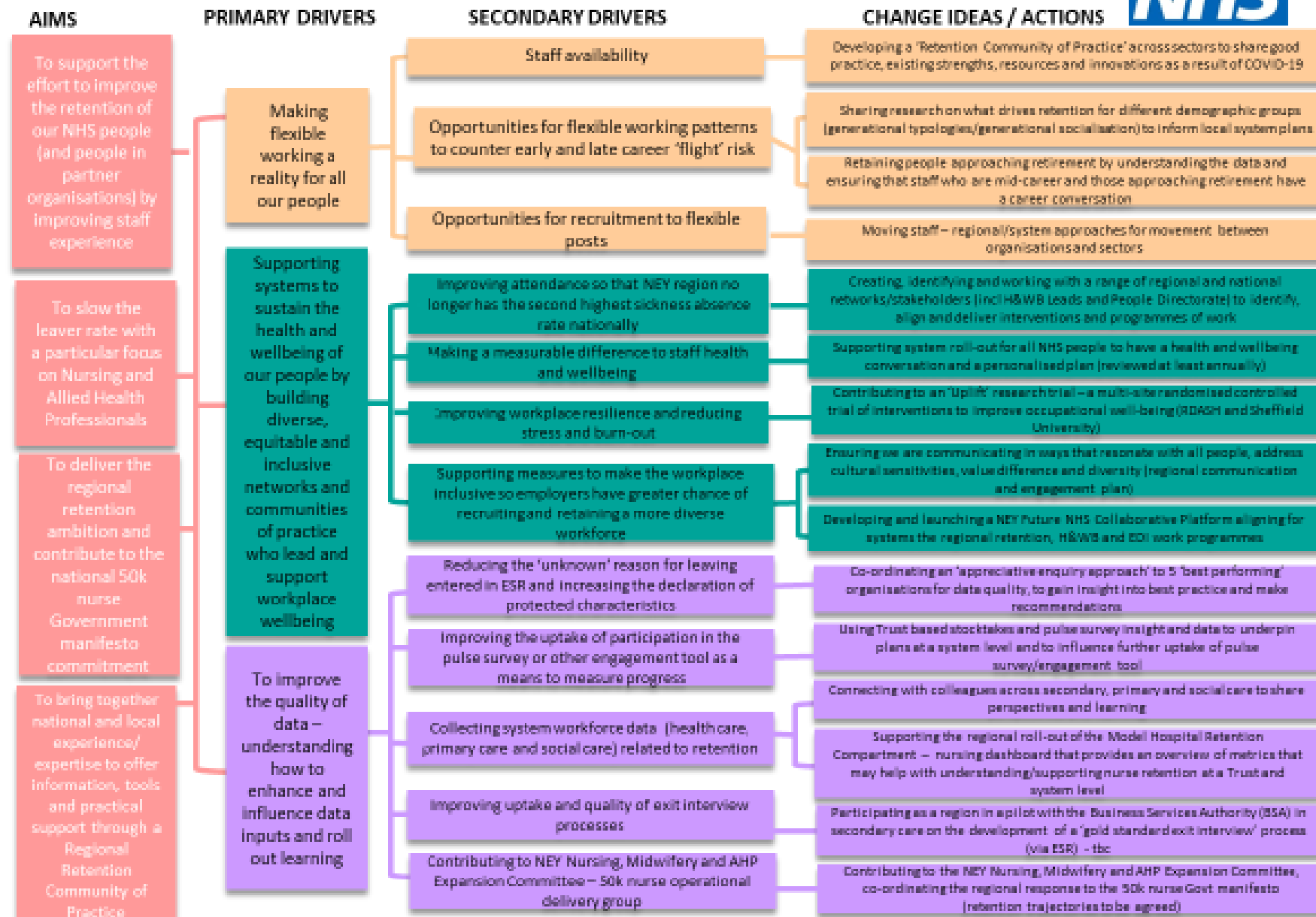
3. North East and Yorkshire Regional Retention Plan

Following the end of the 90-day pathfinder process, which resulted in identification of the three primary regional retention drivers, and aligned to the four broad aims of the programme (as set out on page 3 of this document), a driver diagram has been used as a tool to help plan the improvement activities that will be undertaken during the remaining nine months of the programme (see overleaf).

It should be noted that this plan is emergent and is intended to be used throughout the change programme, with regular review in consultation with system leads to refine and build on the change ideas/actions that will result in achievement of the overall aims.



NE&Y Regional Retention Plan Emerging



4. Related programmes and dependencies

Since the ability to retain staff is a consequence of good employment practice across several areas, the scope for interdependencies with other workstreams, at both national and regional level is vast.

4.1 50k nurse programme

There will be a requirement for close working between all the workstreams to deliver the Government’s manifesto commitment of having 50,000 more nurses in the NHS in England by September 2025; this will ensure that shared assumptions behind trajectories are continually monitored and adapted over time if required, and that narrative is aligned so that reporting and messaging is coherent. For example, collaboration will be required between the international recruitment and retention workstreams, to allow us not only to bolster the number of overseas recruits but also ensure action is taken to retain these individuals in the workforce.

Shared governance through the 50,000 nurse programme board and within NHSE/I and HEE through the Strategic People and Workforce Board and the implementation of the NHS People Plan will provide the necessary oversight to manage these interdependencies.

4.2 National retention priorities

As alluded to in section 1, NHSE&I are taking national action on several key areas representing common challenges at a local level, supported by a programme team, members of which are aligned with the seven strands of the NHS People Promise, as shown in figure 19.

Figure 19: NHS People Promise



Interdependencies with several other key NHSE&I national programmes have also been identified and summarised in table 5.



Table 5: LAOP Retention Programme interdependencies

Project	Action
NHS People Plan 2020/21 and the People Promise	Alignment between implementation planning approach and delivery of nursing retention targets, undertaking bundle approach analysis of which aspects of the People Promise to demonstrate early evidence of retention benefits for nursing, with rapid adoption and spread of these across all trusts/systems.
Nursing PIDs: <ul style="list-style-type: none"> • International recruitment and retention of non-UK nurses. • Action to increase supply and impact on workload of nurses – a key driver of intent to leave. • Return to practice and attrition from training – supporting nurses at start and later in their careers to stay in the NHS. 	Close working between all PID teams to align narrative and interdependencies, including shared assumptions behind trajectories. Shared governance and oversight through the 50k programme board and within NHSE&I and Health Education England (HEE) through the Strategic People and Workforce Board and the implementation of the NHS People Plan.
NHSE&I operating model	Ensure alignment between emerging operating models particularly in light of ‘system by default’ approach to oversight of NHS delivery. Alignment with emerging Regional People Boards through the regional directors of workforce and OD.
Bank acceleration programme	Work closely to identify ways of attracting and retaining staff who may have otherwise gone through an agency to more flexible, tech-enabled, collaborative staff banks to allow staff to move more freely between systems.



4.2.1 Improving data quality

Improving data quality has been identified as a shared national priority for the LAOP Retention Programme. Whilst the NHS currently has access to a broad range of workforce metrics, there have been concerns expressed regarding the robustness of such data (i.e. too high a number of ‘unknown’ reasons for leaving recorded on ESR; inconsistencies in the capture and analysis of exit interview data; considerable time lags in data reporting) that are being given a national focus.

In addition to taking steps to improve data quality, it is also recognised that further work is needed to expand the number of staff groups for which detailed analysis of workforce data is available. The majority of data that are currently available are heavily focused on secondary care and limited in scope to the registered nursing and midwifery workforce, with these staff having been the main focus of NHSI’s previous retention programme.

Given the expansion of the LAOP Retention Programme to cover all staff groups (both clinical and non-clinical), and the new systems by default approach to delivery, it is evident that further work is required to better understand leaver rates and broader indicators of staff experience across other staff groups within NHS trusts. In addition, there needs to be exploration of the potential for better data capture for the primary care and social care workforce, which will, in time, facilitate a more rounded understanding of the combined workforce across localities and allow better targeting of actions to improve retention across the sector as a whole.

In February 2021, the LAOP Retention Programme launched a new retention compartment within [Model Hospital](#), that brings many aspects of retention-focused data together in one place – including the ability to look at the demographic profile of leavers across trusts and systems. Initially, this compartment includes data relating to registered nurses, however, it is intended that there will be a phased roll out to other staff groups, starting with support to nursing staff.

4.2.2 Bringing Back Staff (BBS)

In response to the COVID-19 pandemic and the requirement for additional workforce supply, the BBS programme was established to encourage recently retired clinicians to return to work across the NHS. The programme has generated a continued supply of returners and across the North East and Yorkshire continues to progress with increased numbers of employed returners across all 4 of the ICSs. In addition, there has been success both nationally and regionally in recruiting to additional paid and volunteer roles across health and social care. In the context of current workforce supply shortages, it will be important to give consideration to the steps that can now be taken to retain those staff who have recently returned to practice across the North East and Yorkshire, in addition to those who have more recently joined the service.

4.3 Regional interdependencies

Within North East and Yorkshire, the retention programme has clear interdependencies with the health and wellbeing and EDI workstreams that encompass part of the broader package of support being rolled out to improve staff experience across the region. COVID-19 has provided an impetus to the



need to improve the experience of our people working in the region by listening and understanding their perspectives, supporting their health and wellbeing, and ensuring their working culture is truly inclusive and compassionate.

Key priorities agreed for the EDI workstreams to the end of 2020/21 are illustrated in figure 20, with priorities for health and wellbeing summarised in figure 21.

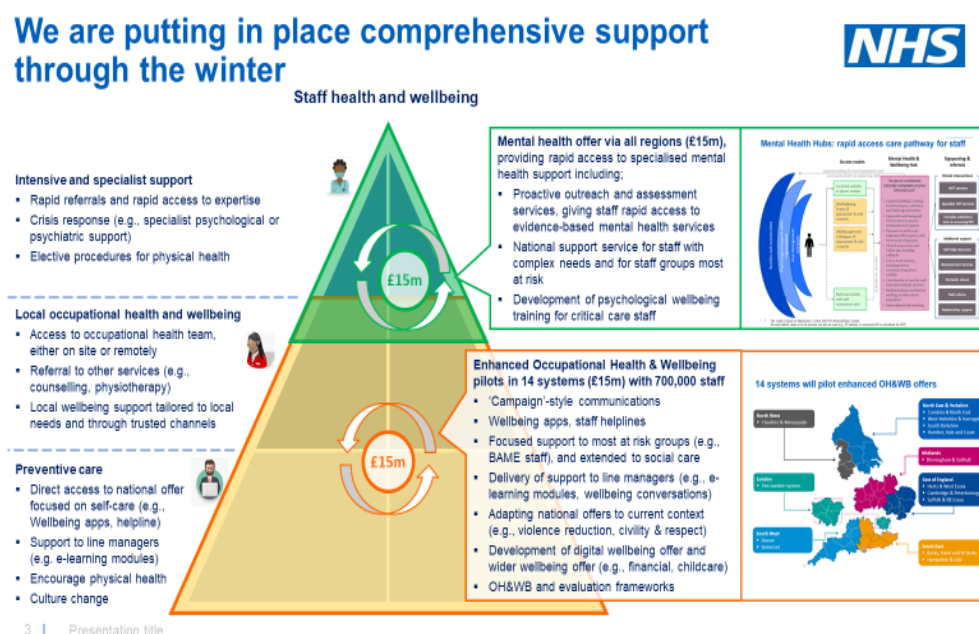
Figure 20. North East and Yorkshire EDI 2020/21 priorities

NHS

Work Priorities to end 2020/21 – Endorsed by RPLG

1. **Work up the 2020 WRES data** at both ICS and organisational levels to develop deliverable actions plans, linking with People plan submissions.
2. Better understanding the views/experiences of BAME staff, by encouraging the **development of BAME staff networks**, staff pulse checks etc.
3. Increase the ethnic diversity of Boards across the NEY, with a **focus on NED recruitment**, and support “new” BAME NED’s, to ensure they that they can offer the full range of there skills into the governance of the organisation which they work
4. Support the delivery of local initiative’s, in regards to Black Lives Matters such as **the collective promise** and the action plan that underpin the achievement of the promise
5. **Impact of Covid-19 on all staff (BAME, vulnerable/at risk)**, support and challenge Trusts and ICS’s in such areas as venerable people risk assessment in all areas from Primary, secondary, nursing homes and social services departments.
6. To **address other workforce inequalities**, protected characteristics and intersectionality as per future developments and current People Plan (20/21)

Figure 21. National health and wellbeing 2020/21 priorities



5. Governance

The North East and Yorkshire Regional Retention Steering Group will oversee delivery of and contribute to the evaluation of the programme. The Steering Group is co-chaired by a HR Director and a Director of Nursing from within the region, and has representation from secondary care, primary care, ambulance trusts and social care (a full membership list is provided in table 6).

Table 6: Membership of North East and Yorkshire Regional Retention Steering Group

HRD - Chair	HR Director, Sheffield Teaching Hospitals NHSFT
Director of Nursing – Chair	Director of Nursing & Quality/Deputy Chief Executive, Mid Yorkshire Hospitals NHS Trust
ICS Workforce Leads	Humber Coast and Vale South Yorkshire and Bassetlaw North East and Cumbria West Yorkshire and Harrogate
Representative(s) from Regional NHSE&I team	Regional Head of Workforce Transformation Regional Head of Staff Experience and Engagement
Retention Lead representative(s) from People Directorate	Retention Lead, NHSE/I Retention Manager, NHSE/I
Representative from Primary Care	Nurse Consultant (General Practice) and Advanced Nurse Practitioner, WY&H ICS
Representative(s) from AHP professional group	Allied Health Professions (AHP) Lead South Yorkshire and Bassetlaw ICS Interim Regional Chief Allied Health Professional Lead North East and Yorkshire and Assistant Director of AHPs, Patient Experience and Engagement, Leeds Community Healthcare NHS Trust
Representative(s) from Ambulance Service	Clinical Lead, Yorkshire Ambulance Service NHS Trust
Representative(s) for Social Care	Service Director Adult Social Care/Children’s, Adult’s and Families, Gateshead Council, Gateshead LA
Representative for Skills for Care	Head of Area (Yorkshire and Humber/ North East), lead on Integration, Skills for Care
EDI Lead	Head of Equality and Inclusion (North East, Yorkshire and Humber side Region) or representative
Senior Information Analyst	Senior Information Analyst (North) – as requested



The Steering Group will meet monthly and the key duties and responsibilities of the group are as follows:

- To ensure a coherent and effective strategy is applied at regional level to support the delivery of the NHS LAOP Retention Programme
- To explore the evidence of what drives retention and to propose and consider solutions for improvement.
- To learn from the best available evidence and data.
- To facilitate knowledge sharing and learning across different professional groups, subject matter experts, and local systems.
- To facilitate the delivery of the relevant aims of the programme by supporting the region and local systems to improve retention of NHS staff.
- To support progress against the retention programme plan and make recommendations to the People Board as required.
- To consider submitted proposals and to provide recommendations on the way forward.

The Steering Group is a sub-group of the Regional People Leadership Group, with figures 22 and 23 providing schematics of how this fits alongside the other workforce reporting architecture across the region.

The Steering Group will provide updates/assurances to the System/ICS Workforce Boards, Regional People Leadership Group (RPLG) and the Regional People Boards. The 50k Programme Board (which reports into the People Plan Delivery Board) may seek recommendations from the group on particular topics.

Figure 22: North East and Yorkshire region governance structure (1)

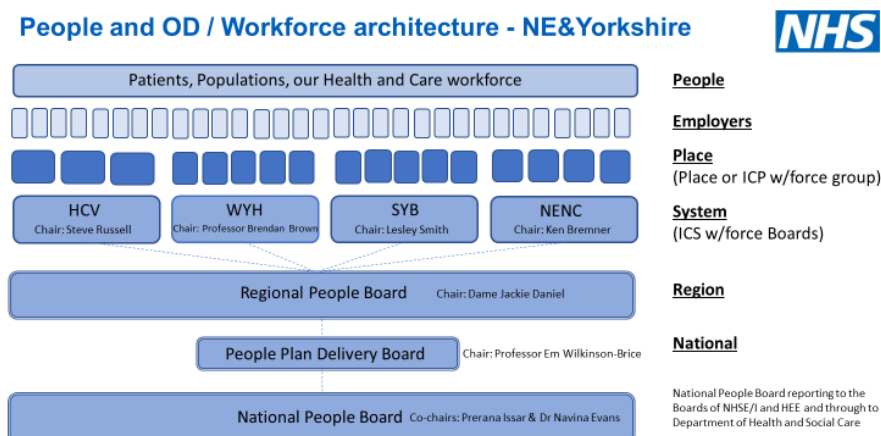
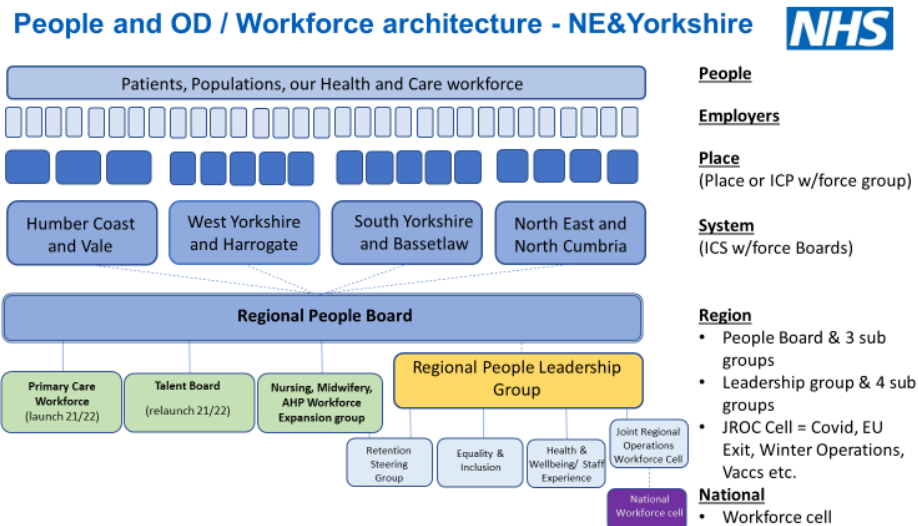


Figure 23: North East and Yorkshire region governance structure (2)



6. Communications and engagement

Engaging with and building an understanding of the importance and impact of improving retention amongst key stakeholders is a key component of this programme. To enable this, a strong communications strategy and plan will be developed, which will account for the needs and preferences of various key stakeholders, including:

- Senior leaders: represented by the People Steering Group, which includes HR Directors.
- Participating organisations: represented by Regional Retention Steering Group members.
- Change agents: e.g. HR Business Partners, Retention Leads, Heads of Profession, senior operational staff.
- Staff representatives: included in membership of Regional Retention Steering Group.
- Staff members, both individual employees and line managers.
- Regional and national colleagues, including HEE, Department of Health and Social Care (DHSC), NHS Employers, NHS Providers, staff side organisations, and professional regulatory bodies.

The overall aims for the communications plan will be to describe and map:

- How the progress of the programme will be communicated via the regional and national governance structures.



- How the requirements of the programme will be communicated (e.g. via the retention steering group and change agents).
- How the programme deliverables and their benefits will influence behaviour change across key stakeholders.

The communications plan for the North East and Yorkshire LAOP Retention Programme will align with planned communications across interdependent workstreams at both a national and regional level. In August 2020, a national [retention hub](#) was launched on NHSE&I's website, which promotes the key learning from NHSI's previous nurse retention programme, provides more recent examples of good practice, and promotes the learning from COVID-19 that links to how we better retain staff. The resources included in the hub are aligned with each of the seven People Promise themes and it is intended that this content will continue to evolve to include toolkits, guidance and case studies to highlight new examples of innovative practice from across health and social care and beyond.

As part of the 90-day pathfinder programme, progress has already been made in developing a regional hub on the Future NHS Collaboration Platform to align and showcase best practice from the retention, health and wellbeing and EDI workstreams across North East and Yorkshire. Further work is planned during the next phase of the programme to deliver a successful launch of the collaboration platform and explore what additional communications channels (i.e. newsletter, WhatsApp group, social media, webinar masterclasses, engagement with specific audiences through existing showcase events) may add value to the programme and other interdependent workstreams.

7. Memorandum of Understanding, budget resources and requirements

To assist delivery of the North East and Yorkshire retention pathfinder, £75,000 of funding has been made available to each ICS within the region.

A memorandum of understanding (MOU) between NHSE&I and each of the 4 ICSs has been signed to agree how the parties will work together and collaborate with one another to deliver on the objectives of the programme.

Through the MOU, it has been agreed that various metrics, including the registered nursing leaver rate, will need to be measured on an annual basis. In addition, parties will agree to a range of other workforce and staff experience metrics that facilitate more localised and timely measures of progress. These will change over time and will broaden from registered nurses to the wider workforce and from the acute setting to include Primary Care.

All metrics will align with the monitoring of the implementation of the Long-Term Plan and NHS People Plan to include the delivery of the seven themes within the NHS People Promise and wider Phase 3 workforce planning requirements. Metrics will also align with information contained within the strategic diagnostic data packs supplied to all parties by NHSE&I in August 2020.



The MOU also sets out that both parties, by pre-agreement, will be prepared to share regular progress, and identify risks and issues in line with governance structures to support monitoring of the project along with the identification of additional support needs.

8. Research

In a qualitative study¹, intention to leave in senior nurses was motivated by workload (12-hour shifts), health issues, life circumstances and a perceived lack of flexible working options. Intention to stay was driven by financial stability, teamwork and peer support, commitment to professional experience and opportunities for mentoring. Contextual factors related to both nursing identity and organisational culture indirectly affected nurses' decisions. More recent research by the King's Fund² has identified that the health and wellbeing of nurses and midwives is critical to the quality of care they can provide for patients and communities. The review, commissioned by the Royal College of Nursing Foundation, and led by Professor Michael West, set out eight key recommendations aimed at supporting nurses and midwives to flourish in their work and to provide sustainable, compassionate and high-quality care:

- **Authority, empowerment and influence** - Introduce mechanisms for nursing and midwifery staff to shape the cultures and processes of their organisations and influence decisions about how care is structured and delivered.
- **Justice and fairness** - Nurture and sustain just, fair and psychologically safe cultures and ensure equity, proactive and positive approaches to diversity and universal inclusion.
- **Work conditions and working schedules** - Introduce minimum standards for facilities and working conditions for nursing and midwifery staff in all health and care organisations.
- **Teamworking** - Develop and support effective multidisciplinary teamworking for all nursing and midwifery staff across health and care services.
- **Culture and leadership** - Ensure that health and care environments have compassionate leadership and nurturing cultures that enable both care and staff support to be high quality, continually improving and compassionate.
- **Workload** - Tackle chronic excessive work demands in nursing and midwifery, which exceed the capacity of nurses and midwives to sustainably lead and deliver safe, high-quality care, and which damage their health and wellbeing
- **Management and supervision** - Ensure that all nursing and midwifery staff have the effective support, professional reflection, mentorship and supervision needed to thrive and flourish in their roles.

¹ *Retention of older nurses: a focus group study in English hospitals*, Anne Marie Rafferty, Olga Boiko, NHS Improvement, May 2018

² *The courage of compassion: supporting nurses and midwives to deliver high-quality care*, Michael West, Suzie Bailey, Ethan Williams, The King's Fund, September 2020

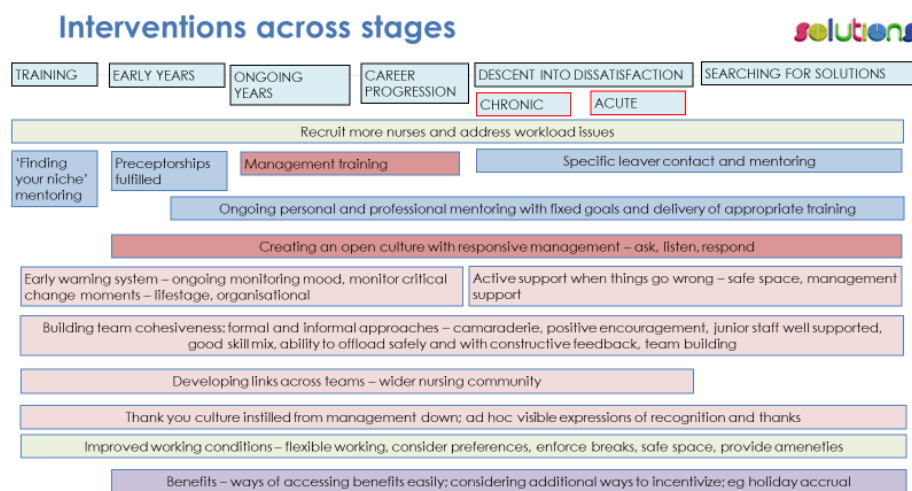


- **Learning, education and development** - Ensure that the right systems, frameworks and processes are in place for nurses' and midwives' learning, education and development throughout their careers. These must promote fair and equitable outcomes.

Quantitative and qualitative analysis from Australia, Canada, Switzerland and other countries also suggest high, unmanageable workloads as the most significant determinant of nurses' intention to leave. These studies also highlight associated stress levels and need to work overtime and missing breaks (Gilles et al 2014; Dawson et al 2014; Tourangeau et al 2014; Hinno et al 2012). Other factors included unsupportive organisations, poor work environments, feelings of being undervalued, disempowered, lack of voice, (Holland et al 2018), and incivility at work. Systematic reviews indicate that intention to stay in nurses across all age groups is most likely to be driven by interpersonal influences such as group cohesion and supervisory support (Halter et al 2017a). In older groups, an enjoyable working climate and relationships with line manager are also important (see e.g. supervisory-related procedural justice, in Armstrong-Stassen 2010).

We will continue to draw upon current and ongoing research to inform programme development. The work undertaken by Mullen Lowe (2020), which focussed on understanding the career journeys of nurses and the reasons why they leave the NHS has already influenced our thinking (a summary of the key findings from this work is depicted in figure 24).

Figure 24: Key findings from Mullen Lowe research on targeted interventions across key stages of nurse careers



Further research commissions are also currently being funded through the LAOP Retention programme, including:

- A study undertaken by the University of Bath (2020) which will provide insight into the potential changes to working conditions, as well as the environments that may be required to motivate staff to remain post COVID-19 and encourage returnees to take on NHS employment permanently.



- A study that will examine links between the engagement of staff working in the NHS in England, and the retention of staff within trusts. It will use data from the annual NHS Staff Survey from 2015 onwards, and staff retention data between 2015 and 2020, to study associations between both levels and changes over time. This will repeat a previous report that examined data between 2009 and 2014 to understand if the same assumptions can be made. Engagement will be measured both using the overall engagement variable from the NHS Staff Survey, and the three individual dimensions that comprise this (motivation, involvement and advocacy). Retention will be measured via the stability index. Data will be analysed with regression analysis (within two given years, and examining lagged effects), as well as with growth curve analysis to examine associations between changes over time. Analysis controlled for Foundation trust status, teaching status, trust size, trust type and region. In addition, the report will seek to understand any correlation between turnover intentions (i.e. those staff who respond via the NHS Staff Survey to state they 'intend to leave') and actual turnover.

9. High level milestone plan

NE&Y Retention Programme - High Level Milestones



High Level Milestones Identify	01/11/20	31/01/21	30/04/21	31/07/21	31/11/21
Retention Manager in post					
Identify ICS Retention Leads					
Commence Regional Retention Steering Group (monthly meetings)					
Agree Regional Retention Project plan detailing the prioritisation of actions in Covid environment, plans for comms & engagement, metrics, milestones and deliverables					
Agree/communicate nurse retention trajectories at a regional level					
Develop Regional Retention Community of Practice – on-going communication and engagement					
Develop and launch NE&Y Future NHS Collaborative Platform aligning for systems the regional retention, H&WB and EDI work programmes					
Report through Retention Steering Group and Regional People Leadership Group governance structures					
Support ICS Systems to develop retention plans – system leads to apply 30/60/90 day methodology to develop system retention plans					
Build capability/understanding of structures to influence retention in sectors - HR Business Partners, Retention and Workforce leads, Heads of Professional Groups, PCNs and Social Care					
Support the regional roll-out of the Model Hospital Retention Compartment – nursing dashboard					
Retirement 'flight risk' - understand the data and agree a regional/system plan					
Create, identify and work with a range of regional and national networks/stakeholders (incl H&WB Leads and People Directorate) to identify, align and deliver interventions and programmes of work					
Contribute to an 'Uplift' research trial – a multi-site randomised controlled trial of interventions to improve occupational well-being (RDASH and Sheffield University)					
Report to the NEY Nursing, Midwifery and AHP Expansion Committee, co-ordinating the regional response to the 50k nurse Govt manifesto					
Review and evaluate regional retention programme					



10. Risks and mitigations

The following risks have been identified along with mitigations and will be regularly reviewed by the Regional Retention Steering Group.

NE&Y Retention Programme Key Risks and Mitigations



Risks	Mitigations
<p>Risk that response to and recovery from COVID-19, including the second peak means that trusts and systems do not have the bandwidth to engage with this programme. This lack of capacity could continue as non COVID activity increases including winter pressures and vaccination programme. Key individuals from HR& OD and nursing prioritising vaccine delivery</p>	<ul style="list-style-type: none"> • Focus on flexible working, health and wellbeing to support systems and organisations through virtual access to support COVID-19 response • Continue to progress actions, taking small steps using an appreciative enquiry approach to delivery • Liaise closely with ICS Workforce Leads to stay alert and responsive to programme delivery • Prioritise urgent interventions – eg .BAME population, newly qualified nurses and those considering retirement
<p>Lack of ICS workforce and or place capacity and capabilities to contribute collective actions to deliver solutions</p>	<ul style="list-style-type: none"> • Use time limited programme monies to bolster ICS workforce capacity and capabilities to reflect 'system by default' (through retention programme MOU) • Individual discussions with each ICS to agree support from region • Regional People Leadership group to support collaboration and delivery – metrics and integrated workforce insight across health and care being developed
<p>MOU funding received in Q3 putting pressure on the time-line for putting resource in place</p>	<ul style="list-style-type: none"> • National programme Retention Lead embedded to support regional delivery • Recruitment to Retention Manager role completed and individual commenced in post 23/11/20

