A Successful Health Visitor Retention Strategy - Walsall Healthcare NHS Trust
Health Visiting – Local Picture

- Population of approx **21,000** under 5s
- **10 Health Visitor Teams** across the borough
- New model of multiagency working in **Local Area Partnership Teams** pilot
- **200** Troubled families identified
Where we were early 2012

- Capacity issues – high caseloads (1:800)
- Issues with attrition
- Part way through delivery of HV Implementation Programme – expecting external reviews
- Post SCR – learning embedded
- Services delivered Universal – all receive core HCP through skill mix apart from AN, as well as, Universal Partnership Plus to those identified at risk or needs
- 20 Student Health Visitor expected
Retention Strategy

• **Staff engagement events**

• **Improve morale** of Health Visitors; reduce feelings of stress and burnout

• **Ensure caseloads are manageable** for staff to deliver the HCP 0 to 5

• **Achieve trajectories** for Health Visitor recruitment and **retain** Health Visitor staff

• **Provide an education programme** to equip Health Visitors and students with knowledge and skills to deliver the new service vision for Health Visiting.
Staff Engagement Events – Getting the Basics Right!

- Identified **main areas of discontent**:
  1. onerous documentation processes after implementation of new record system following SCR
  2. checking of all correspondence received with records following SCR
- **Staff** identified interim **solutions** - mobile IT and Staff Nurses
- **Comradeship** of working together
- Health Visitor **Business Case developed** to establish funding
Manageable Caseloads

- Introduce staff nurse roles to support Health Visitors in management of caseload sizes.
- Introduce admin and clerical roles to reduce administrative burden on Health Visitors
- Introduce mobile technology to support Health Visitors in management of caseloads
- Review roles and responsibilities of band 7s through Organisational Development Plan

In 2013/14
We will reduce the caseload sizes of Health Visitors at approximately 500 cases per HV and build HVs in lead posts up to caseloads of 100

In 2014/15
We will reduce the caseload sizes of Health Visitors at approximately 350 cases per HV and at 100 for HVs in lead posts
Achieve trajectories through robust recruitment and retention of Health Visitor staff

Recruitment:

• Rolling advert for Health Visitors on NHS jobs
• Open days – CEO and DN in attendance
• Identified most successful means of advertising vacancies
• Developed Health Visitor web page
• Developed a Health Visitor guidance document which details induction, mentorship, supervision and staff development
• Arranged new venue for all interviews and included within interview process an opportunity for potential recruits to meet the Director of Nursing
• Advertised part time/full time/weekday/weekend and evening roles

Retention:

• Retain Health Visitor staff through robust line management and provision of learning and development opportunities.
• Explore opportunities to develop leadership/management skill through consideration of Honorarium payments/development of Champion HV roles
• Regular meetings with senior managers
Education and Support Programme

• Robust weekly education programme for the duration of St HV 12 month course
• Band 4 Nursery Nurse competencies
• Band 5 staff nurse competencies
• Health Visitors leadership programme and offered training to support the skills required for the new elements of their role; Promotional Interviewing; Motivational Interviewing; Supporting infant-parent interaction; Ages & stages; Building Community Capacity Module
• Mentors will have access to monthly support sessions for the duration of Student Health Visitor training.
• Robust preceptorship to all new to area staff
Summer 2012

**Internally**

- Business case approval – staff nurses, mobile technology
- Established Professional Mobilisation Group
- Strong NHS Walsall engagement and support
- Preparation for Sustain Rapid Appraisal
- Recruitment and retention plan
- Organisational Development plan
- Service Delivery Plan
- Communication Plan

**Externally**

- OFSTED/CQC inspection June 2012
- Increase in child protection referrals
- Sustain Rapid Appraisal
Improving morale of Health Visitors

• The Health Visiting Service had within it the solutions to improve morale.

• Stress mostly due to workload size, ensuring children safeguarded, mentoring students and supporting new HVs

Solutions

1. Aspirational interviews/morale audit identified 10 step plan to improve staff feelings

2. Tripartite model of support and supervision - learning from other local professions indicated multi faceted supervision/support - monthly restorative supervision for a year by external supervisors, quarterly safeguarding supervision, and 6 to 8 weekly meetings with line manager. It is believed that this will offer maximum support as.

3. Develop network of champion Safeguarding Health Visitors for first line access
10 Steps to make the service better in the next 3 months

1. Celebrate our expertise
2. Team leaders in every base
3. Simplifying record keeping
4. Standardising practice
5. Review the whole service
6. Effective Leadership
7. Admin Support
8. Improved Communication
9. Democratic Decision Making
10. Develop a Robust Referral Criteria
| 1. Celebrate our expertise | 1.1 Recognition of skills within the team  
1.2 Identification of strengths and areas for improvement |
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<td>2. Team leaders in every base</td>
<td>2.1 Identification of team leaders</td>
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| 3. Simplifying record keeping | 3.1 Templates for universal contacts  
3.2 One system across all services |
| 4. Standardising practice | 4.1 Clear guidance & leadership |
| 5. Review the whole service | 5.1 Standardisation of practice & record keeping  
5.2 Profiling teams and identified vulnerable families |
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<th>6. Effective Leadership</th>
<th>6.1 Not enough effective leaders to cover the service – Grow your own</th>
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<td>7. Admin Support</td>
<td>7.1 HV teams identifying the skills/task that are essential for their admin support</td>
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<td>7.2 Admin staff to attend HV team meetings – Admin staff to go out with HV’s to observe/learn about their roles</td>
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<td>8. Improved Communication</td>
<td>Not completed</td>
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<td>9. Democratic Decision Making</td>
<td>9.1 Need to work as a team Embrace individual expertise - strengths</td>
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<td>9.2 Be listened to</td>
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<td>10. Develop a Robust Referral Criteria</td>
<td>10.1 Training specific to developing a robust referral criteria</td>
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HV Leadership Development

‘Review and tailor current ‘For One & All’ Team Leadership programme

LEADING AND MOTIVATING CHANGE

GETTING THE BEST FROM PEOPLE

MAXIMISING POTENTIAL

THINKING AND BEHAVING IN BUSINESS LIKE WAYS

NEW WAYS TO WORK
**Health Visiting January 2013**

**Internally**
- Nearly on Q4 2013 trajectory for WTE HVs by 2015
- Delivery of HCP 0-5 excluding A/N contact
- Appropriate skill mix/workforce plan
- Clear transition pathways in place
- Mobile technology will underpin systems and processes
- Impact of Early Intervention will be evidenced.

**Externally**
- Partnerships
- Delivery of Health Visitor Implementation Plan and outcomes
- Integrated local area teams (Family Area Support Teams)
Next Steps/Challenges ahead

• **Progress** Health and Social Care partnership
• **Maintain momentum** in delivery of the Health Visitor Implementation Plan
• Establish
• **Ensure infrastructure IT, Estates and Performance is mapped** across to the Health Visitor Implementation Plan.
• Agree **partnership governance structure** through Early Implementation Board.
• **Maintain support Professional mobilisation group** in leading and delivery of reports/recommendations by collating recommendations, actions, outcomes
• **Challenges in terms of delivery of specification** – risk of what is measured gets attention at expense of improved outcomes for children and their families.
• **Maintain communications**
• **Leadership** through partnership working
• **Delivery of the HCP the benefits integration** with Community and Hospital Services, Local Authority **yet to be fully explored or exploited**
Summary

Work has been ongoing for the past 18 months to deliver the Health Visitor Implementation Plan, increase capacity, and align services to deliver the HCP.

To date this has enabled Walsall to become and be seen locally has an employer of choice and acknowledged for its contribution to improving outcomes for children and their families in OFSTED/CQC/Sustain output reports.

What made strategy work well:

- Staff briefings
- Bottom up approach/staff engagement
  - Organisational Commitment
  - Improved Communication

FULL HCP Delivery 2015
Thank you for listening, any questions?