

Rotations Project Report

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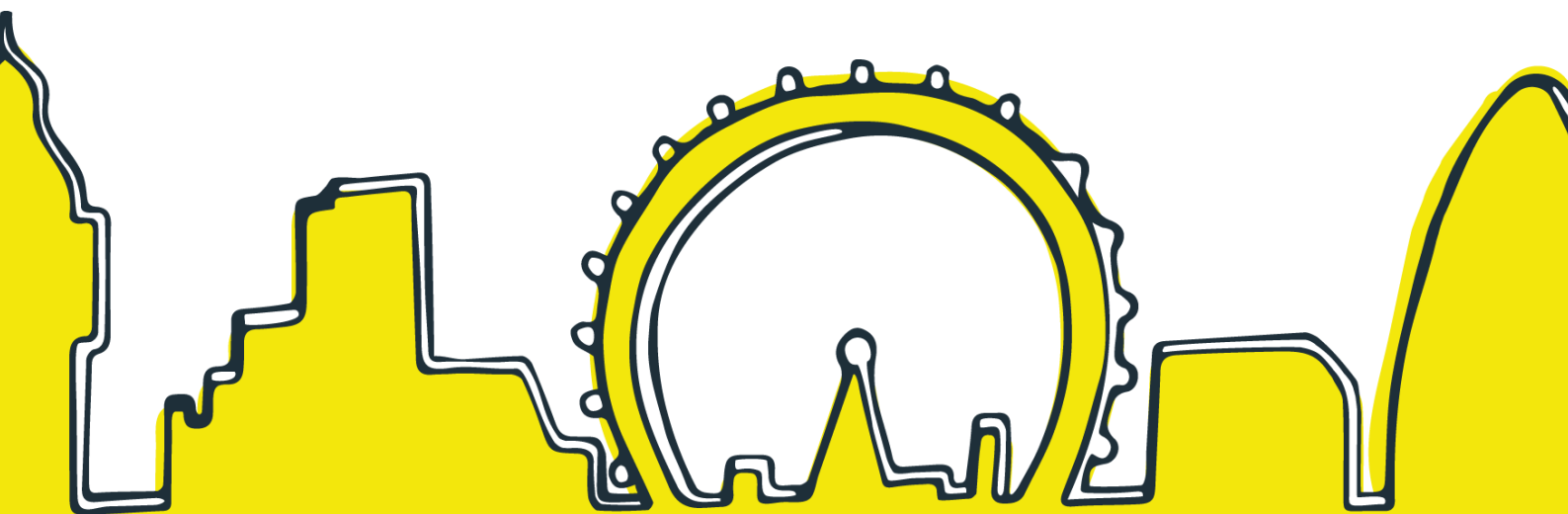
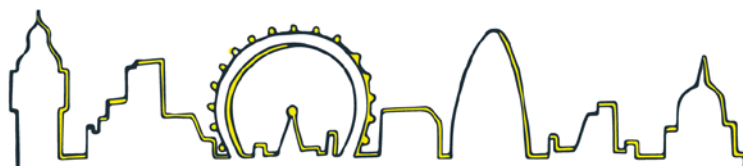


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Executive Summary

This project has focused on the area of rotations for nurses in all types of organisation within London. Secondary research has included analysis of reports of previous rotation project and findings, a literature review and consideration of rotations in other areas of the NHS. Primary research has included both quantitative and qualitative research through a survey of organisations, a student survey and semi-structured interviews with organisations and nurses.

The conclusions identify the critical success factors for a successful rotation programme and the recommendations include best practice guidelines for organisations.

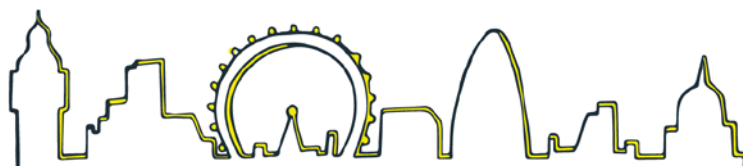
Terms of Reference

The CapitalNurse Rotations project was established to explore the different models for rotations, their benefits and challenges, for both individuals and employers, to support organisations to offer rotations to their nurses and potentially across organisational boundaries.

The objectives of the project were to:

- provide clear definitions of the different types of rotations
- identify the benefits and challenges of different types of rotations for individuals and organisations
- provide vignettes of different rotations supporting nurses at different points in their career
- provide best practice guidelines for different models

The output includes a best practice guidance report to be shared with stakeholders to support organisations' decisions around implementation of rotational schemes.



Background

Across London there is a range of rotational schemes offered by organisations, including different rotation models. There are various different types of rotations being offered, including:

- general rotations to gain a broad range of experiences
- specialist rotations to gain experience required for a specific role
- secondment
- tasters
- internal transfers.

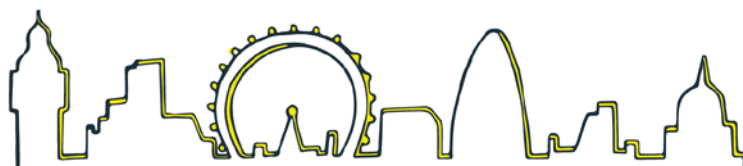
Rotations may be of interest to nurses at various points in their career and for various reasons including:

- newly qualified nurses wishing to consolidate their experience to inform career decisions
- those wishing to move into a specialism
- those wanting bespoke experience to support their current job
- those looking to support management skills
- those finding that their current role doesn't meet their personal needs, such as due to physical demands of their role, or requirement for flexible working.

It should be noted that while the term 'rotation' is currently being used, it is not necessarily clear to people that this term encompasses the various types of rotation. It may be that through the research, a more suitable term is proposed.

Many organisations across London already offer rotational schemes which incorporate general rotations to gain a broad range of experiences, specialist rotations, secondments, internal transfers, insights and tasters.

CapitalNurse developed and delivered a CapitalNurse Foundation Programme (CNFP) two years ago which extended to 12 trusts in North West London and offered a series of rotations.



Methodology

Following a literature review and research, the approach included direct liaison with a selection of organisations across different STPs and including primary, acute, community and mental health organisations to assess current practice. This included identification of different types of rotation and insight including length, benefits (for organisation and rotating nurse), disadvantages (for both) and any learning, taking account of current and previous schemes including the CapitalNurse Foundation Programme in North West London.

A survey was sent out to 52 organisations across London including acute, community, mental health, primary care and private organisations. A copy of the survey is available in Appendix One.

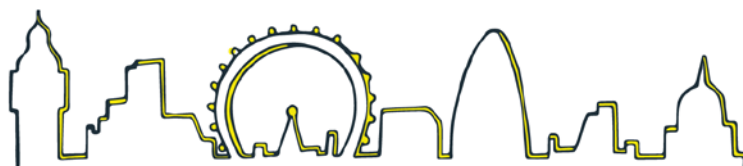
A deep dive study was carried out with six organisations to further research different practices, benefits, challenges and perceptions. Semi-structured interviews were held with lead nurses, practice/clinical educators and heads of nursing education. The organisations that participated in this research included:

- Royal National Orthopaedic Hospital NHS Trust
- Royal Brompton & Harefield Hospital NHS Foundation Trust
- Bupa Cromwell Hospital
- Oxleas NHS Foundation Trust
- University College London Hospitals NHS Foundation Trust
- Evelina Children's Hospital (Guys & St Thomas' NHS Foundation Trust)

Following analysis of existing material that suggested there had previously been little input from students into rotations, a second survey was sent out to students to ascertain their views. This went to the CapitalNurse Student Ambassadors, final year students at Middlesex University and a range of students at University of Hertfordshire. A total of 34 responses were received. A copy of the survey is available in Appendix Two.

Interviews were carried out with nurses who have experienced rotations to consider their opinions and experiences. Case studies have been developed to look at three different experiences of rotation. These are available in Appendix Three.

Following the initial research and project report, the findings were presented to a stakeholder engagement event in London in January 2020. The best practice guidelines and model were considered and modified in line with stakeholder feedback.



Literature Review

Forbes has predicted that 16-24 year olds will have around five careers in their lifetime¹ Offering rotational posts can be an excellent way of attracting this age group by providing opportunities for them to grow professionally and personally, while the different experiences offer enhanced career development (Ostroff and Kozlowski,1992).² A recent study by O’Hara et al³ identified that millennials account for 30% of the nursing population and are more susceptible to stress and burnout resulting in a higher turnover. The study found that while demographics accounted for only 2.6% of job satisfaction, effective leadership and support accounted for 63%.

The changing landscape of healthcare services provision requires innovative and different ways of attracting, retaining and developing staff. The workforce strategy⁴ to take the NHS through to 2027 considers the different needs of millennials requiring linear careers and flexible opportunities. This suggests that organisations need to adapt to provide the appropriate development opportunities and support structure to develop and retain engaged staff. Job rotation offers opportunity for development both laterally and vertically within an organisation, however it needs to be flexible to the needs of the organisation, the service and the staff.

Rotations for graduate nurses provide a supported environment in which they can learn and consolidate a range of skills, both clinical and inter-personal. For experienced nurses, it is a way of adapting and diversifying within their role, allowing the exploration of different areas and different skills. For organisations, it provides a highly skilled, flexible workforce and research shows that staff who rotate have a better understanding of others’ roles which helps provide a better patient experience (Allott, 2013)⁵. Rotations offer the additional benefit of succession planning for organisations in the preparation of staff for different or more senior posts (Bellott, 2012)⁶ and the development of future nurse leaders and specialists.⁷

Benner’s⁸ nursing theory proposes that the journey from novice to expert requires a multitude of experiences for a nurse to develop the essential skills and understanding of the patient experience and care pathway. This can be conceptualised through building

¹ <file:///F:/Rotations%20Project/Rotational%20roles%20briefing%20T.pdf> retrieved 16/8/2019 and no longer available

² Ostroff, C. and Kozlowski, S (1992) Organisational socialisation as a learning process: The role of information acquisition, *Personnel Psychology*, Vol.45, (4)

³ Assessment of Millennial Nurses’ Job Satisfaction and Professional Practice Environment

O’Hara, Michele A. DNP, RN, NE-BC; Burke, Debra DNP, RN, MBA, NEA-BC; Ditomassi, Marianne DNP, RN, MBA, NEA-BC, FAAN; Palan Lopez, Ruth PhD, RN, GNP-BC, FGSA, FAAN

JONA: The Journal of Nursing Administration: [September 2019 - Volume 49 - Issue 9 - p 411–417](#)

doi: 10.1097/NNA.0000000000000777

⁴ [Public Health England \(2017\) Facing the Facts. Shaping the Future:](#)

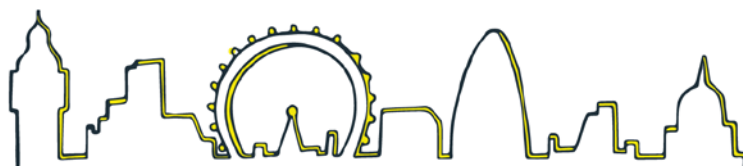
<https://www.hee.nhs.uk/sites/default/files/documents/Facing%20the%20Facts%2C%20Shaping%20the%20Future%20%E2%80%93%20a%20draft%20health%20and%20care%20workforce%20strategy%20for%20England%20to%202027.pdf>

⁵ Allott, M. (2013), Rotational Schemes Boost Skill Development and Job Retention. *Nursing Times*, Vol 109 (5)

⁶ Bellot, A. (2005), Recruiting and Training Senior Nurses Using a Rotational Model. *Nursing Times*, Vol 101 (12)

⁷ Varden, G. (2006) A Rotational Programme of Newly Qualified Surgical Nurses. *Nursing Times*. Vol 101 (23)

⁸ Benner, P. (1982). From Novice to Expert. *American Journal of Nursing*, 82(3), 402-407



skills and experience through subsequent rotations, however this also suggests that rotations should build on previous experience to be more effective.

Rotations have been seen as a way of eliminating employee tedium from the mundane tasks and promoting employee engagement and enthusiasm.⁹ Anil and Brian¹⁰ suggest that organisational commitment is also enhanced as individuals acknowledge the organisation's investment in their development and feel a loyalty to the organisation.

The new workforce strategy¹¹ proposes six principles, the second of which is enabling a flexible and adaptable workforce through our investment in educating and training new and current staff. This requires an understanding of the different methods of developing staff to facilitate a mobile and flexible workforce. The Sustainability and Transformation Partnerships (STPs) offer one way of facilitating this development through the provision of rotations in different areas, i.e. acute, community and primary care. The fifth principle focuses on ensuring the NHS and other employers in the system are inclusive, modern model employers. Rotations are one way of facilitating the implementation of new employment models with staff skilled in different areas at the same time as helping to protect employees against unnecessary stress and burn-out, supported by Anil and Brian (2004).

In Nottingham¹² four trusts have collaborated to offer rotations across the four settings including acute, mental health and community. This has been well received by both employees and organisations. The programme started in 2015 and has grown in capacity. Their critical success factors include monthly communication and steering group meetings to assist collaboration, a lead nurse responsible for rotations in each setting and simplifying paperwork.

A study by NHS Wales in 2014¹³ looked at the principles for rotation within Wales to look at the rotational pathways within nursing and midwifery across care settings, drawing on lessons learned from previous experience of different organisations. Amongst the principles identified was the need for rotational programmes to be fully embedded in normal practice to maximise benefits to staff and organisations. Risks were identified as lack of awareness and understanding of the value of rotations: for students, rotations may be seen as an extension of pre-registration placements through a variety of settings while experienced staff may not recognise the opportunities for development.

Traditionally, newly qualified physiotherapists and occupational therapists have embarked on two-year rotation programmes of typically of six months in length and

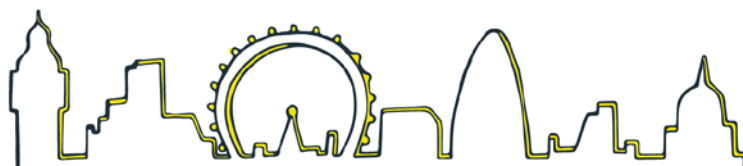
⁹ Triggs, DD, King, PM: Job rotation. *Professional Safety*. 2000, 45: 32-34.

¹⁰ Anil A, Brian M: Using job rotation to extract employee information. *The Journal of Law, Economics, and Organization*. 2004, 20: 400-415. 10.1093/jleo/ewh039.

¹¹ <https://www.hee.nhs.uk/sites/default/files/documents/Facing%20the%20Facts%2C%20Shaping%20the%20Future%20%E2%80%93%20a%20draft%20health%20and%20care%20workforce%20strategy%20for%20England%20to%202027.pdf> – retrieved 27/8/2019

¹² <file:///F:/Rotations%20Project/Rotational%20roles%20briefing%20T.pdf> – retrieved 27/8/2019 and no longer available

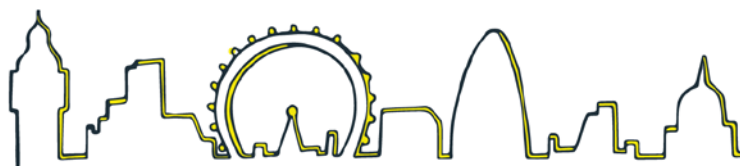
¹³ <http://www.nwssp.wales.nhs.uk/sitesplus/documents/1178/FINAL%20Principles%20for%20Rotation%20within%20Wales%20July%202014.pdf> – retrieved 16/8/2019



sometimes shorter. This had been recommended by the Chartered Society of Physiotherapy, who are now looking at alternative options with the shift towards community care. However, 78% of physiotherapy graduates want to start their career with rotation opportunities to experience different settings, develop a broad base of skills, knowledge and experience.¹⁴

The CapitalNurse Foundation Programme (CNFP) ran in North West London beginning in September 2016 with three cohorts and a total of 166 newly registered nurses (NRNs) in ten organisations, including a mix of community, acute and mental health. The programme consisted of three linked rotations over an 18-month period and was supported by preceptorship, enhanced supervision, work-based learning and action learning. Lessons learned included the need to involve a variety of staff in the rotation programme (for example, educators, workforce planners and nurse managers), the perspective of the NRN embarking on a programme and the issues of recruiting to the programme: less than half available places were taken up. The programme demonstrated the need for full stakeholder engagement, a comprehensive approach to partnership working and a realistic timeframe for implementing a rotation programme, which was later identified as three years, based on a trust's previous experience. The benefits showed an increased retention rate over the period of the programme.

¹⁴ <https://www.csp.org.uk/content/why-opt-rotational-post> accessed 27.8.2019

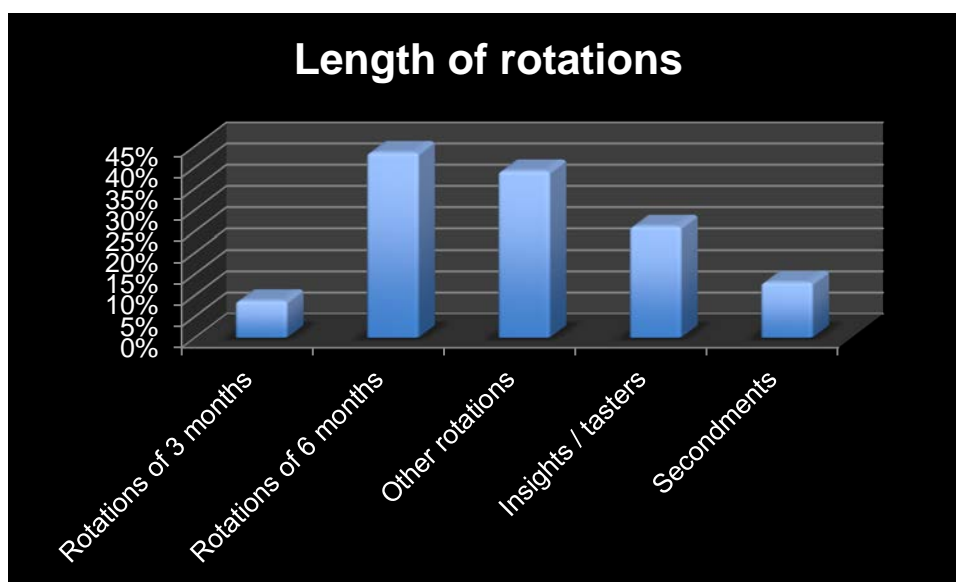


Survey Analysis

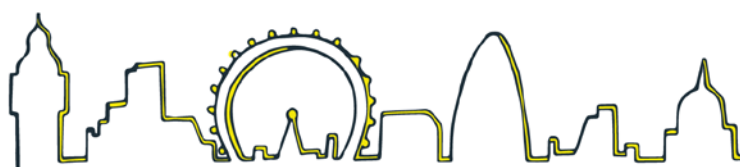
The survey was sent out to 52 organisations and a total of 24 replies were received. This represented a cross-section of organisations including acute, specialist, community, mental health, private and primary care.

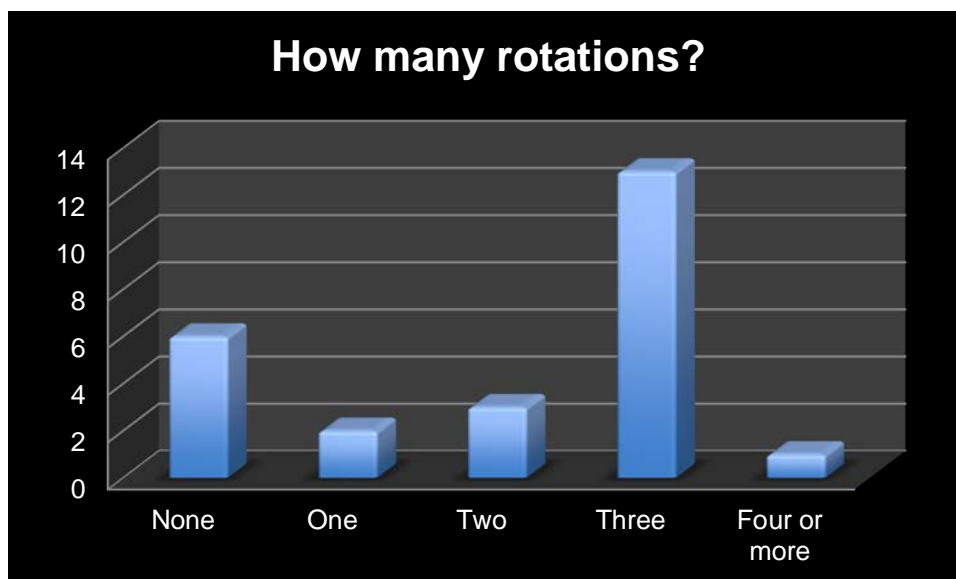
The initial question considered different understandings of the term 'rotation'. It was universally considered that a rotation was a planned programme to allow nurses to move between different clinical areas to improve knowledge, skills, experience and confidence. While all responses recognised it as a development opportunity for the nurse, there were differences in the number and length of rotations.

Organisations offered a range of development opportunities, including rotations, tasters, insights and secondments. Rotations differed in length according to organisation, area and setting. The chart below shows the different lengths and types of rotation, with some organisations offering a range of opportunities. Rotations varied from 3 to 8 months.



Organisations were asked how many rotations they offered to staff. While 23% of organisations do not offer rotations, the majority offer three rotations. The most popular rotation pattern is three rotations, each of 6 months duration.



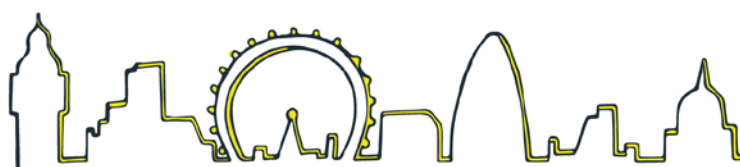


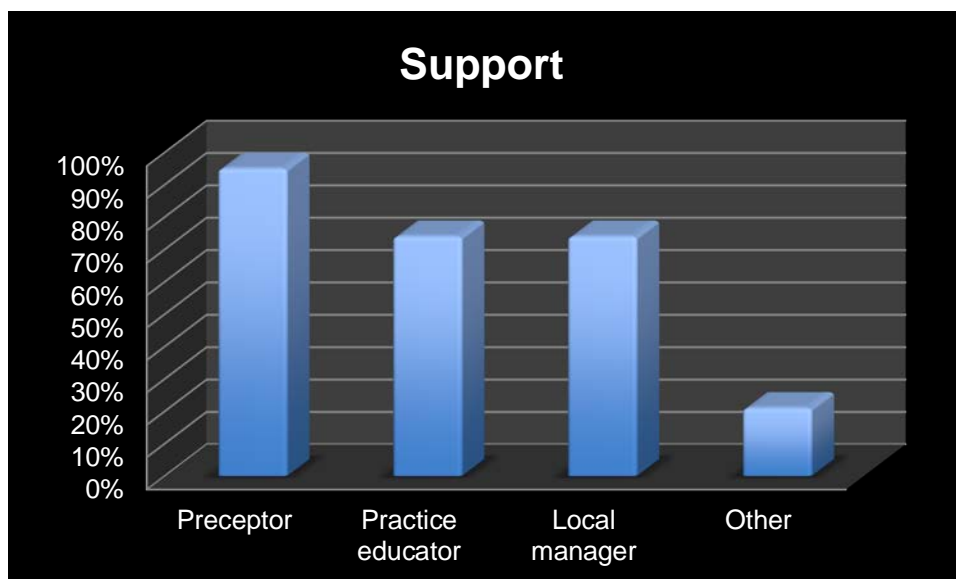
Seventy per cent of organisations offer rotations to newly qualified nurses, while 50% will extend the opportunity to other band 5 nurses. Only 10% of organisations offer rotation opportunities to band 6 nurses and none of the organisations surveyed is currently offering rotations to band 7 nurses.

Supernumerary status varied significantly. While all newly qualified nurses were supernumerary in the first week or two weeks of their initial rotation, there were no trends or consistency in supernumerary for second and third rotations. Some organisations recommend one week or three shifts while others it depends on the clinical area in terms of acuity and staff ratios.

Only 58% of organisations monitored completion of rotations while 26% are planning to start monitoring. Rotations were monitored in a variety of ways including nurse evaluations, pre- and post-rotation questionnaires, completion, non-completion and retention on a database or spreadsheet. Some organisations monitor this on a local basis, but not centrally.

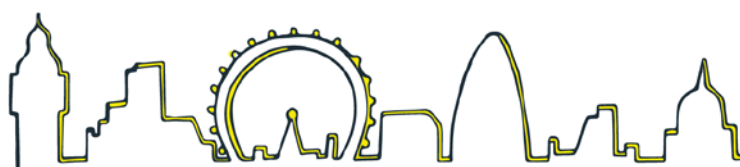
All NRNs on rotation were provided with support and the majority had access to a preceptor and a practice educator or facilitator. Other support mechanisms included rotation facilitator, professional personal mentors, CEPN leads or educational supervisor. For most the support was mainly through the first rotation.





Participants were asked to consider the benefits of rotations for the nurse and for the organisation. Generally, there was agreement around the benefits for both the nurse and the organisation. The benefits were varied and included:

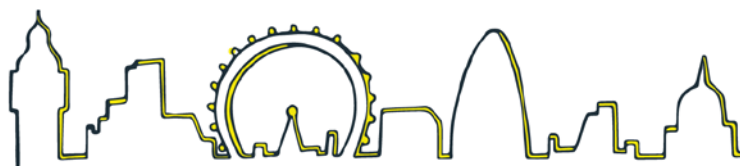
For the nurse	For the organisation
Nurses develop a good understanding of different areas and gain a holistic picture of a patient's journey and how an organisation works	Increase in recruitment and retention coupled with high quality experienced nurses to progress to senior posts and specialist areas – succession planning
Increased confidence leading to faster career progression, transformational leadership and confidence to suggest new things to managers	Statistics show that 20% nurses leave their first post within 12 months, however when nurses complete the rotation programme, they remain in post for a minimum of 18 months
Exposure to a broad range of clinical and leadership styles together with different ways of working	Opportunity to place staff in hard-to-recruit areas within the organisation
Rounded nurses with a strong skill set, increased confidence and competence	Rotation schemes are attractive to future and new employees



able to work in different environments	
Solid experience prior to making decision re preferred nursing discipline. Know the area/staff. Confident. Deeper understanding of the role of other health and care professionals	Nurses develop a wide skill and knowledge base which, in turn, leads to flexible, skilled and experienced workforce to provide high quality care
Opportunity to experience a few different areas quickly and build a wide variety of knowledge and skills, develop flexibility and resilience, understand nurses across different settings, build professional network, increased career opportunities.	Flexible and resilient nurses, sharing skills sharing across different teams which encourages better networking and cohesiveness between teams

The challenges of rotations were consistent throughout organisations with the main problems being the logistics of organising and maintaining the rotation programme and secondly, staff leaving rotation programmes. Other challenges included:

- managing numbers when someone steps out of the rotation or leaves it either by leaving the organisation or by staying in the host
- ensuring all staff, including ward manager and educators, support the rotation programme, participate fully and take time to organise and motivate staff
- ensuring the purpose of rotations meets the dual needs of nurses and the service
- confirming the ongoing quality of placements and the host department to give rotating nurses a good experience
- organising monthly peer support or education sessions for rotating nurses
- managing the peaks and troughs of demand in some areas (Often specialist areas required staff for a prolonged placement and this can make it difficult to map the full rotation programme for a newly registered nurse.)
- maintaining a vacancy in an area when it cannot always be guaranteed there will be a nurse to allocate to the post
- the logistics of managing rotations with the challenges of rostering, holidays, sickness and education – this requires resources
- funding
- having a large number of new nurses in one area, which can be challenging for static staff.



Deep Dive Research

Following the survey analysis, a deep dive study was carried out with five organisations to further research different practices, benefits, challenges and perceptions that had been identified through the survey. Semi-structured interviews were held with lead nurses, practice / clinical educators and heads of nursing education. The organisations that participated in this research included:

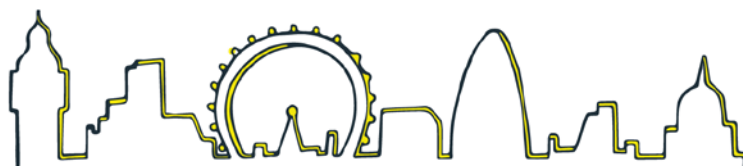
- Royal National Orthopaedic Hospital NHS Trust (RNOH)
- Royal Brompton & Harefield Hospital NHS Foundation Trust (RBH)
- Bupa Cromwell Hospital
- University College London Hospitals NHS Foundation Trust (UCLH)
- Evelina Children's Hospital (Guys & St Thomas' NHS Foundation Trust)

The findings from the deep dive showed that all these organisations offer rotations to newly registered nurses on band 5. However, the rotation schemes differed according to setting and were often open to other staff. The challenges for organisations were similar and these included:

- maintaining vacancies in different areas for rotating staff
- rotating staff on a conventional cyclical programme not wanting to move on at the end of the rotation, disrupting the programme and impacting on other rotating nurses. This is avoided through a linear programme (RNOH)
- engagement is essential from all areas to ensure a smooth transition between rotations.

Following research and a trial programme, the RNOH offers a bespoke rotation scheme which is organic and flexible for each nurse. The 18-month programme incorporates three ward areas, one month in ICU, one month in recovery and one month in research/audit. NRNs will begin with a ward area before moving on, as this helps to develop and consolidate skills. Staff are encouraged to stay in programme and make informed choices at end of each programme. For the organisations, this provides multi-skilled staff who pick up skills as they continue. The RNOH have a rotations facilitator who organises rotations, meeting and study days, liaises with areas (staff and management) and provides support to the rotating nurses and to the management.

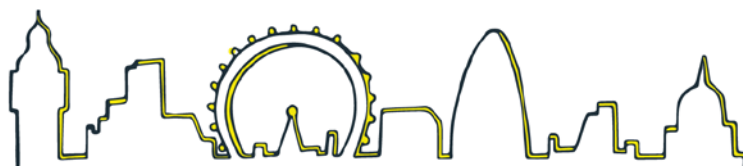
The Cromwell Hospital has recently initiated a rotations programme for NRNs. The policy was written with the ward managers at the beginning of 2019 and they currently offer 3-month rotations. There is some feeling that this period is too short as NRNs are new to an organisation and do not always like change, with six months being a better length for larger hospitals. However, when staff have moved from a larger NHS trust to a smaller hospital, they have found it can be beneficial as there are fewer changes, with a lot of the processes being similar. Some staff consider that 18 months of rotation period is too long



as being tied into rotations can be challenging for the NRN particularly when they do not like an area.

The Evelina has been running rotations for newly qualified nurses for some staff and has recently changed their programme. Since September 2019, NRNs have had a first placement of ten months. This change is following the research, which indicates that transitional shock is a problem. Some NRNs are just finding their feet as they move on and the first rotation is harder as they have so many new skills to learn. They believe that two rotations are sufficient for those going onto a ward as this allows time to consolidate practice and see differences in wards. However, three rotations are better if they want to go into a specialist area. The rotation programme is open to all band 5 nurses (other than NRNs), but there has been very little interest. They have also tried to introduce a band 6 programme, but it is difficult to recruit into band 6, particularly in specialist areas, so secondments are offered when possible. The rotation programme is co-ordinated centrally for Evelina and rotating nurses are managed locally. Each NRN is offered a personal professional mentor (PPM) – these are band 6 or 7 nurses in the education team and they have a pastoral role. The role provides a first port of call to provide support for the rotating nurse throughout their rotation programme and is optional for the NRN. This support is in addition to preceptorship.

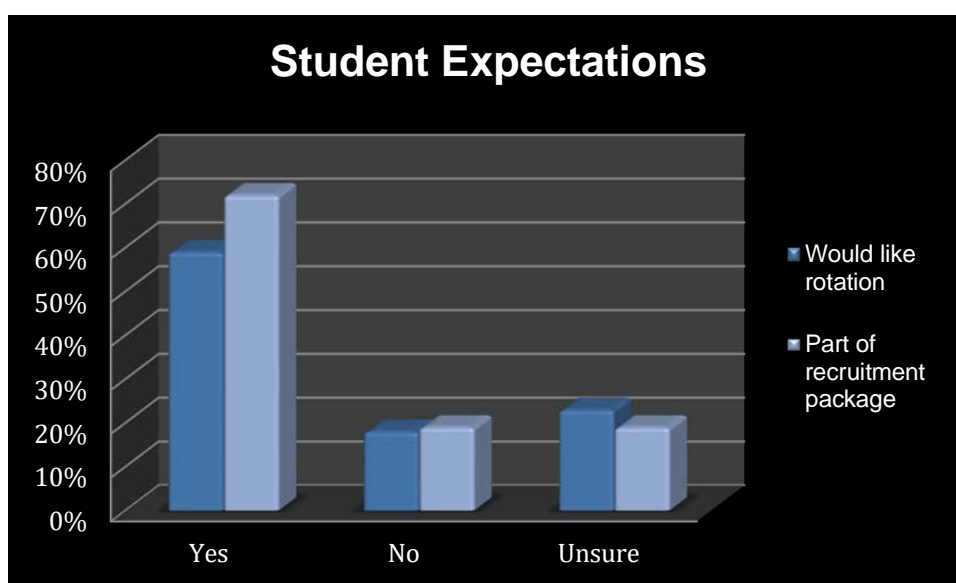
Oxleas ran a two-year rotation programme which consisted of four six-month placements in their forensics division. The scheme was planned as part of recruitment strategy to develop clinical experts in forensics and to bring staff into the hard-to-recruit areas (prison nursing). They ran two successful cohorts and will look at restarting in 2021. The programme was successful in terms of meeting organisational objectives. Eight nurses started and six completed the first two years, four of whom went to prison services and one of whom stayed in the wider trust. They found that the biggest challenge was the geographical spread, with prisons located in more remote areas of Kent and nurses not wanting to go there, despite clear expectations at the outset. For some, the challenge for MH nurses in primary care in prison was too much of a challenge even with additional support. The nurses were all band 5, although some had prior experience in primary care and had some training prior to placement.



Findings from NRNs and Student Nurses

A survey was sent out to student nurses at Middlesex University, University of Hertfordshire and the CapitalNurse student ambassadors. It was aimed at final year students and designed to capture their views and opinions of rotations as they approach the time when they will be considering jobs. A copy of the survey is provided in Appendix Two. A total of 35 responses was received.

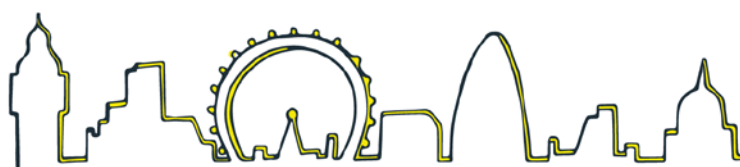
Fifty-nine percent of students would want to do rotations in their first two years post-qualifying, while 18% would not want to and 23% were unsure.



Twenty-nine per cent of students would want a rotation of six months, while 32% would want rotations of three months and 29% would want short insights or taster sessions of two to four weeks. The remaining students would want either longer than six months (6%), rotations of their own preference or were unsure. These numbers are likely to be influenced by the length of student placements, which are typically shorter.

Seventy-two per cent of students would expect rotations to be part of their recruitment package when looking for their first role. Nineteen per cent did not expect rotations to be included and 19% were unsure.

Sixty-two per cent of students would want to rotate through different settings. However, comments indicated that they meant rotating through different areas within a setting for example within one organisation, with only six commenting that they would like to rotate through community and acute (17%). One student indicated that they would like a rotation including acute and private care. Twenty-eight per cent would not want to rotate through different settings and 12% were unsure.



Views were completely split over rotations through non-clinical areas, with 35% not wanting this opportunity, 29% unsure and the others suggesting short rotations through areas including research, clinical trials and practice education.

Seventy-nine per cent of students would expect to be supernumerary at the beginning of a rotation. Expectations of length of time for supernumerary varied considerably with the majority suggesting two weeks and some longer (up to six months).

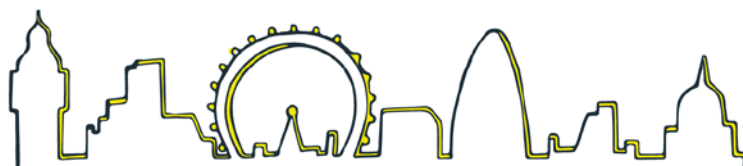
All students would expect support through the rotation programme with 91% expecting this to come from a preceptor or mentor, 64% looking for support from a practice educator or practice facilitator and 61% from the manager in their rotation area. One suggested a similar level of support to that of a final year student.

In response to the question looking at why students may not complete a rotation, the answers were predictably honest in claiming lack of interest in an area, excessive travel, unsociable working hours (beyond contract), already having a firm idea of where they want to work, inability to adapt to change, lack of support or poor health. Several comments suggested change-fatigue after large variety of student placements and a desire to settle permanently, which would correlate with the students who do not want to do rotations (Q1).

Students showed a strong awareness of the challenges and benefits for the organisation and for the nurse, indicating that the majority had clearly thought about rotations.

They identified benefits for the nurse of experiencing different areas providing a clear view of different job roles, different areas and specialties to inform decisions on where to work eventually. There was an interesting comment about rotations encouraging enthusiasm, while the monotony of doing the same job can kill interest. However, students identified the challenges of not wanting to work in specific areas, finding an area unenjoyable, having to move on, having insufficient time to learn and consolidate in one area, or a lack of support.

For the organisation they recognised that rotations provide a multi-skilled nursing workforce providing flexibility and improved patient care. However, they were aware of the challenges of organising rotations in terms of time, funding, constant re-training of new staff and problems in providing support.



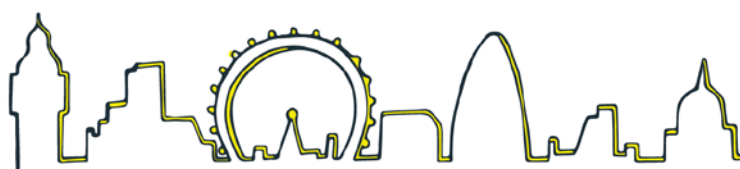
Conclusions

The primary research conducted through surveys and semi-structured interviews showed that where a rotation programme is in place and has embedded, there are significant benefits for the organisation and its staff. However, it is also acknowledged that rotation programmes are not suitable for all organisations, nor for all individuals.

The rotation programme needs to be tailored to suit the needs of the organisation and its staff, which can be challenging in terms of time and resource. Research suggests that a programme takes a minimum of two to three years to embed before showing significant results.

There needs to be clarity and consistency in the terms used and what each means. While the survey suggests that people generally understand the term rotation, there is also confusion. The following definitions have been identified through the research:

Term	Definition
Insight/Taster	A short period typically between 4-6 weeks of experiencing another setting. This is a one-off experience and may be used for nurses of any level. It can be particularly beneficial for nurses wanting to increase awareness of a specialist area prior to moving.
Rotation	Each rotation is a period of time, typically 6 months, and represents one part of a learning pathway towards becoming a multi-skilled professional. A rotation programme is a series of two, three or four spells spent in different areas.
Secondment	A secondment is a one-off, fixed time period spent in another role or department. Typically longer in length and used by organisations to cover vacancies. There are however benefits of secondments to specialist areas for nurses of all levels.



Rotations should be appropriate in terms of learning to show a logical pathway that provides a valuable learning experience for the NRN and fulfils the needs of an organisation. This requires identifying appropriate rotation 'sets' to enhance the learning opportunities, with the benefit of providing improved patient care. For example, a rotation that includes Accident and Emergency, an Acute Medical Unit or Acute Assessment Unit and a ward demonstrates the different facets of the patient journey and develops the NRN's knowledge, skill and awareness. In a similar way, linked rotations in a specialist area are more meaningful than a series of rotations through completely disparate departments, so that the rotating nurse can see the benefit of rotations. There is some interest in rotations through acute, community and primary; however, it is limited (17% of students). There are challenges in organising programmes of this nature and it may not be worthwhile if the interest from nurses is not there. However, insights or secondments may be a more appropriate way of offering experience in different settings.

The rotation schemes currently in existence are all aimed at band 5 nurses and typically NRNs, although some are available to experienced nurses in band 5. While some organisations have tried to introduce rotations for band 6 and above, there has been no appetite for these, although there may be some interest in insights or taster sessions for these groups of staff. Secondments are seen to be of more interest to nurses in band 6, 7 and above.

While rotations are typically through clinical areas, there is some value in providing additional insights or tasters as part of the rotation programme to include practice education, clinical trials and research. This appears to be attractive to students and NRNs for a short period of time.

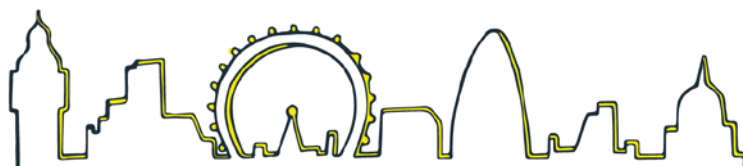
Rotations are one way of adding value to a recruitment programme for an organisation and can provide a way to recruit to hard-to-staff areas., However, it should be recognized that not all NRNs want to do rotations; some would prefer to settle into their new role without a rotation programme.

Providing a rotation programme is resource-intensive and, to be successful, it needs to be appropriately implemented and supported by all levels of an organisation, with consideration given to the benefits for both the NRN and the organisation itself. This requires a structured approach, clear expectations and buy-in from all staff.

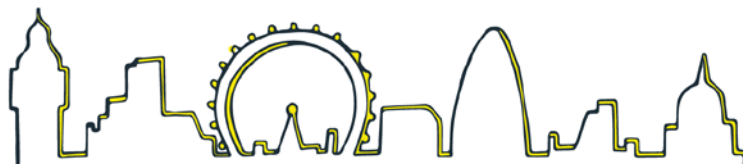
Critical Success Factors

The research shows that there are several critical success factors for rotation programmes, including:

- central organisation of rotation programme, with appropriate policy, guidelines and transition template for staff
- support for NRN from a mentor, central resource or buddy
- support for other staff



- buy-in from all staff
- joint study days or forums for all NRNs to promote reflective learning and avoid feelings of isolation
- a commitment to deliver what has been promised
- clear expectations of all involved at the outset
- monitoring of programme and rotating nurses.



Recommendations

Firstly, it is recommended that rotation programmes should be available for newly registered nurses and existing band 5s. However, rotations should not form the only part of a recruitment offering, with permanent positions still available for those who do not wish to do rotations.

Secondly, it is recommended that four-week insights into areas including practice education, research and clinical trials are available to all staff (bands 5-7) where feasible to provide an opportunity for staff to experience non-clinical areas. This may pique an interest in staff who may be feeling demotivated or looking for a change without really understanding what is available.

A set of best practice guidelines follows, which provides a basic rotation model for all organisations as a guide:

Rotation Target Audience

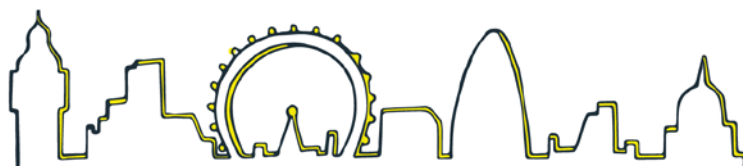
Where a rotation scheme is in place, it should be open to newly registered nurses and existing band 5 staff with some experience who may want to develop in different areas.

Rotation Programme Length

A rotation scheme of between 12 and 24 months is recommended. This should include two or three rotations and may be supplemented by one or two insights. A shorter period of time does not provide enough time for experiencing different areas. A longer period of time can leave staff feeling they are constantly moving on and unable to settle. The optimum rotation programme length is seen to be 18 months. Where feasible, a rotation programme should aim to accommodate one insight into a non-clinical area for four weeks.

Duration of Rotations

It is recommended that the first rotation is a minimum length of six months and a maximum of eight months as there is more learning at the outset. Where NRNs are joining a specialist area, the initial rotation should be eight months to allow the NRN time to learn and consolidate skills before moving onto another department. Each subsequent rotation should be of six months' duration.



Supernumerary Period

A supernumerary period of two weeks is recommended for the first rotation (in line with the CapitalNurse Preceptorship Framework, 2017). This will depend on the organisation and the area, so may be longer in some specialist areas. A supernumerary period of three shifts is recommended for the second rotation (unless the area is very similar, for example two different wards with similar acuity). For the third (and subsequent, where used) rotation, one or two supernumerary shifts is recommended. However, these are a guide and it is recognised that different individuals have different needs as do different organisations.

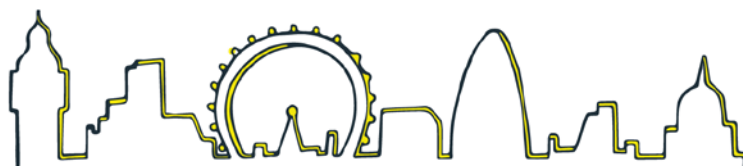
Rotation Facilitation

A rotation programme should be managed centrally (although rotating staff should be managed locally). It is recommended that organisations have a rotation facilitator (part of practice educator) role to provide a central point of contact for both existing staff and rotating nurses. The responsibilities of a rotation facilitator may include:

- organisation of rotations
- liaison with ward staff and NRNs re. start dates, responsibilities and expectations
- managing rotation transitions between departments to ensure there is an appropriate handover between departments
- maintaining/monitoring training for NRNs to avoid duplicated training and ensure all required clinical, mandatory and statutory training is done
- organisation of study days / forums for NRNs
- monitoring of rotations
- being an independent source of support for NRNs
- providing support for other staff and managers
- evaluation of rotation programme.

Rotation Process

A rotation process should be put in place to ensure smooth transitions between departments, with appropriate levels of handover to help both the NRN and the receiving department. This should include information on training completed, skills consolidated, any outstanding areas of concern, any achievements, sickness record and any special needs.



Rotation Passport

A rotation passport helps to provide a record for the NRN to document each rotation and can promote a sense of pride for the NRN while providing a useful source of information for managers. This should include:

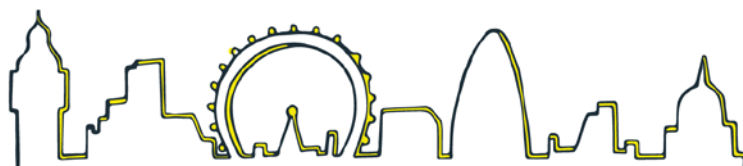
- expectations from the organisation / department
- expectations of the NRN
- SMART objectives at the outset of each rotation
- record of training completed during rotation
- mid-rotation review of objectives and progress
- end-rotation review of objectives and progress
- reflective accounts for each rotation (NRN)

Ideally this would be recorded through the CapitalNurse Career Framework tool. A sample draft document for one rotation is included in Appendix Four.

Expectations

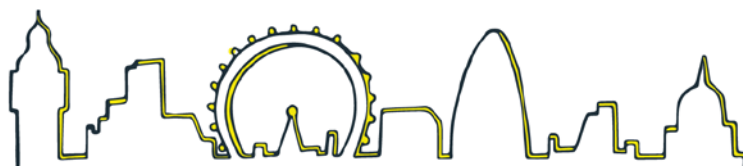
Where a rotation programme forms part of the recruitment package, candidates should be advised of the programme at the outset with clear expectations set of the requirement to move on at the end of each rotation period. This should be included in their offer of employment to avoid any confusion. Staff in rotating areas should also be advised of the expectation that they should avoid 'poaching' staff, as this can disrupt the rotation programme.

A shorter version of the suggested best practice guidelines for rotations have been included in a Rotation Model, which is available at Appendix Five. (This is similar to the CapitalNurse Preceptorship Model.) .



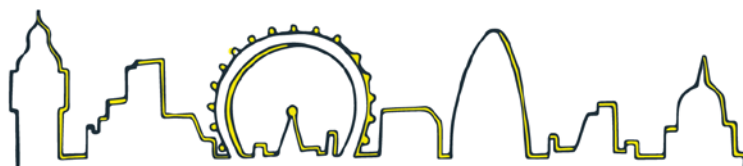
Appendix One – Survey to Organisations

1. Does your organisation offer:
 - a. Rotations of 3 months
 - b. Rotations of 6 months
 - c. Longer rotations
 - d. Secondments
 - e. Insights or tasters (please specify length)
2. Do you offer rotations as part of a development programme and, if so, how many rotations do you offer to each nurse?
 - a. None
 - b. One
 - c. Two
 - d. Three
 - e. Four or more
3. Who do you offer rotations to?
 - a. NRNs in first 12-24 months
 - b. All band 5
 - c. All band 6
 - d. All band 7
4. Are nurses given any supernumerary time at beginning of rotation
 - a. Yes – please specify how long
 - b. No
5. Do you offer rotations into areas other than nursing, ie R&D?
 - a. Yes – if so, which areas
 - b. No
6. What support do you give nurses on rotation?
 - a. Support from preceptor or mentor
 - b. Support from practice educator or practice facilitate
 - c. Support from manager in rotation area
 - d. No support given
7. Do you monitor completion and/or succession rates during rotations?
 - a. Yes – if so, how do you monitor?
 - b. Not currently but planning to
 - c. No
8. What do you consider are the benefits of rotations – for the organisation and for the nurse
9. What are the difficulties or challenges of rotations – for the organisation and for the nurse?
10. Please give your name, role and organisation



Appendix Two – Survey to Students

1. Would you want to do rotations in your first two years post-qualifying?
 - a. Yes
 - b. No
 - c. Not sure
2. How long would you want your rotation to be?
 - a. Short insight – 2-4 weeks
 - b. Rotations of 3 months
 - c. Rotations of 6 months
 - d. Longer rotations
3. Would you expect to be offered rotations as part of your offer package?
 - a. Yes
 - b. No
 - c. Not sure
4. Would you want to rotate through different settings for example primary care to acute or community, acute to community or primary care etc.
 - a. Yes – if so, please specify which settings
 - b. No
 - c. Not sure
5. Would you want to do a rotation in a non-clinical area, for example research & development, practice development or education?
 - a. Yes – if so, please specify which areas
 - b. No
 - c. Not sure
6. Would you expect to be supernumerary time at beginning of rotation?
 - a. Yes – please specify how long
 - b. No
7. What support would you expect on rotation and who from?
 - a. Support from preceptor or mentor
 - b. Support from practice educator or practice facilitate
 - c. Support from manager in rotation area
 - d. No support given
8. What are the reasons you would not complete a rotation?
9. What do you consider are the benefits of rotations – for the organisation and for the nurse
10. What are the difficulties or challenges of rotations – for the organisation and for the nurse?



Appendix Three – Case Studies

The following three case studies show the journey of three different nurses and the impact of rotations on them and their nursing career.

Owain McAteer, Charge Nurse, University College London Hospitals NHS Foundation Trust (UCLH)

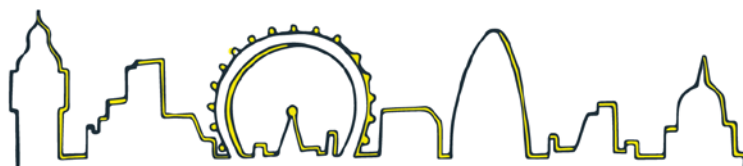
Owain started his career at St George's St George's University Hospitals NHS Foundation Trust in October 2013 and was initially offered a permanent job in A&E. When an opportunity came up after six months, Owain took it and moved to the Acute Medical Unit (AMU) for 7-8 months before returning to A&E for 18 months. Owain decided to move back to the AMU as he had enjoyed it so much; he stayed for two years. Although Owain had enjoyed his initial period in A&E as newly qualified nurse and found he was well supported, he didn't find it so helpful in consolidating theory, so the AMU rotation provided greater depth and knowledge.

Owain then moved to University College London Hospitals NHS Foundation Trust (UCLH) and elderly care for 12 months as a charge nurse as he wanted to move into a growing speciality, with scope to develop his career and innovation, particularly in community.

Owain believe the optimum length for a rotation is about eight months as it can take a while to get used to an area. While acknowledging the challenges for an organisation, Owain believes that rotations are beneficial to the individuals, as they give more idea of what is available and provide an opportunity to build a network of friends and colleagues in different areas that you can call on for advice and support.

In his current role, Owain is now looking to set up a rotation scheme through elderly care to provide newly registered nurses with the opportunity to experience the different aspects of elderly care through an acute setting and a community role. This will in turn provide better patient care and highly competent staff.

Owain's advice to a newly registered nurse is to start initially on a medical ward to gain a range of experience of general conditions before doing other rotations.



Viorica Iereme, Staff Nurse, Royal National Orthopaedic Hospital NHS Trust (RNOH)

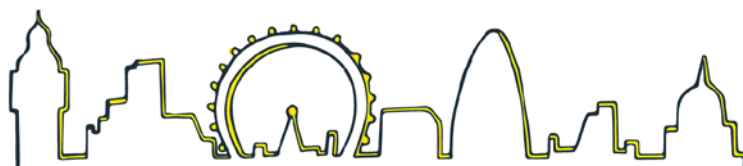
Viorica started her career with Royal National Orthopaedic Hospital NHS Trust (RNOH) six years ago as a healthcare assistant while completing her Diploma in Health and Social Care. She then took a secondment with RNOH which enabled her to complete her nursing degree at Middlesex University. Her last placement during her training was with the short stay unit, where she spoke to her matron and found out about rotations.

After finishing her degree, Viorica returned to RNOH as a staff nurse and began her first placement in short stay which was for six months. Her second rotation took her to the spinal surgery unit for six months before a series of shorter rotations in recovery and high dependency unit (HDU). This was followed by one month in research, during which she combined shifts with the research team with working on a ward.

Viorica found her background as a healthcare assistant helped and the six-month rotation was about the right amount of time, as she felt ready to move on. She admits that it does cause anxiety moving on after a rotation; however, she believes it is important to look at the bigger picture, appreciating the experience, skills and knowledge each rotation brings. She now feels able to transfer her skills from one place to another and the rotations have given her confidence to face most situations and handle different patients with different conditions. She feels confident in making decisions and putting patients first.

The rotation opportunities have meant that Viorica has met a lot of people, built a good network of contacts and expanded her knowledge of other areas and different equipment. On the downside, she acknowledges it is difficult to plan ahead and you do need to be committed, flexible and willing to keep learning.

Viorica's advice to a newly registered nurse is to take rotations if your personal goal is to learn new skills, knowledge, have new experiences and develop confidence. It helps to find out whereabouts you want to work and although rotations aren't for everyone, they are amazing!



Vanessa Everett, Matron, Evelina London Children's Healthcare

When she was 18 years old, Vanessa moved to the UK from Spain to study nursing at Kings College London . After finishing her nursing diploma, she joined Guy's and St Thomas' NHS Foundation Trust in paediatrics (now Evelina London Children's Healthcare), where she started a series of rotations, each for six months.

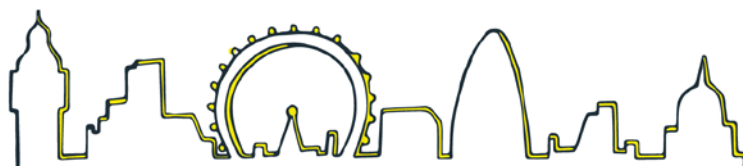
Vanessa completed rotations in paediatric general medicine, oncology and then neurology. Despite having no prior interest in neurology, she found she really enjoyed it and stayed in the specialism for 12 years, achieving her band 6 after two and a half years.

Vanessa did a secondment and completed her degree while working full time as a band 6. After a few years she got itchy feet and moved on to work as clinical nurse specialist in Neurofibromatosis (NF), still in paediatrics. After a few years, Vanessa decided she wanted further development and moved back to Evelina, where she has worked as a matron for 16 months.

Vanessa has enjoyed every single role and would definitely recommend rotations to others, as she feels it opens up new experiences and helps newly registered nurses to have different perspectives and an understanding of different services. The responsibilities of a staff nurse are different to those of a student and, quite often the area students think they want to go into turns out not be what they thought it would be. Vanessa had wanted to be a cardiac nurse but did not enjoy it at all, while some of her nursing colleagues have found the same.

Vanessa thinks it takes three to six months to learn the job, gain a better understanding and to consolidate experience and knowledge, so it is advisable not to make decisions about an area immediately.

Vanessa's advice to a newly registered nurse is to take rotations and see them as an opportunity to develop. The more experience you have, the more opportunities you have for development and the greater your value to an organisation as a skilled, flexible, competent nurse.



Lauren Sharpin, Senior Staff Nurse, Royal Brompton & Harefield NHS Foundation Trust

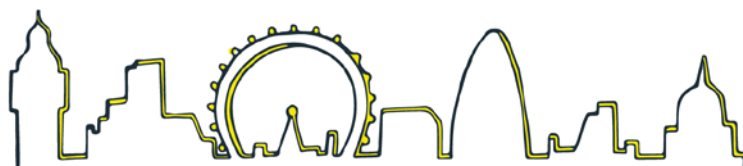
Lauren trained at Bournemouth University and, on graduation in 2016, she joined The Royal Brompton Hospital in Harefield. She had initially wanted to go into a cardiology department but was offered a rotation programme and decided to take it as a way of gaining experience.

Her first rotation was the transplant unit, where she enjoyed her first six months. She then moved to cardiology and, subsequently, intensive care for six months each. At the end of her programme, she took her permanent role in the transplant unit, as she had so enjoyed her first rotation there, although it was not an area she had previously considered.

Lauren believes the optimum length for rotations is around six months, although it may be beneficial to have longer in specialist areas, particularly at the beginning when there is so much to learn. For example, Lauren found she was unable to be fully effective until she had completed some of her training, especially intravenous (IV), and was unable to immerse herself fully. She acknowledged that it is difficult to move on from a rotation sometimes, particularly when you absolutely love an area (she loved transplant). However, Lauren chose the rotation scheme as she knew it would give her a broader experience.

Lauren believes that rotations provide clinical skills, the opportunity to work in and understand different areas, which has given her so much more confidence in herself. She also believes it opens up your eyes to more opportunities and areas you may never have considered working in. For organisations, rotations help to develop a skilled and experienced workforce and brings positivity and fresh approaches to a department.

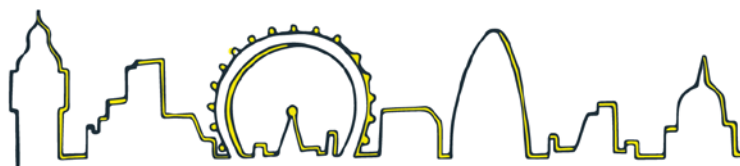
Lauren's advice to a newly registered nurse is to take the opportunity to do rotations, as it is one of the best things you can do to grow in confidence and gain the experience which you may not do otherwise.



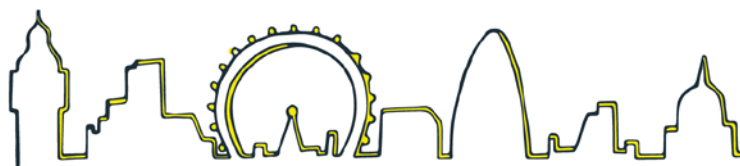
Appendix Four – Rotations Best Practice Model v3

The following Rotations Best Practice Model is based on the best practice guidelines detailed above.

What is a rotation?	Each rotation is a period of time, typically 6 months, and represents one part of a learning pathway towards becoming a multi-skilled professional. A rotation programme is a series of two, three or four spells spent in different areas.
Who are rotations intended for?	All registered nurses
Duration of rotations	It is recommended that the first rotation for the nurse is: <ul style="list-style-type: none"> • 6 – 8 months Subsequent rotations in clinical areas • 6 months Shorter insights in other areas (if involved) including research, education, clinical trials, practice development
Number of rotations	Three (or four) clinical rotations dependent on organisation One non-clinical rotation (if involved)
Supernumerary period (recommended)	<ul style="list-style-type: none"> • 2-week period at beginning of first rotation • 3 shifts/1 week at beginning of second rotation • 1-3 shifts/1 week at beginning of third (and any subsequent rotations) depending on individual and organisation



<p>Rotation facilitator (designated responsibility)</p>	<ul style="list-style-type: none"> • organisation of rotations • liaison with ward staff and NRNs re. start dates, responsibilities and expectations • managing rotation transitions between departments to ensure there is an appropriate handover between departments • maintaining/monitoring training for NRNs to avoid duplicated training and ensure all required clinical, mandatory and statutory training is done • organisation of study days / forums for NRNs • monitoring of rotations • being an independent source of support for NRNs • providing support for other staff and managers • evaluation of rotation programme.
<p>Metrics</p>	<p>Where required, organisations may measure the impact of their rotation programme. Suggested metrics include:</p> <ul style="list-style-type: none"> • recruitment of nurses into rotation posts • retention of nurses after each rotation, after one year and two-year periods • qualitative feedback from clinical staff, rotating nurses and service users • rates for vacancies and sickness • completion of rotation passport.



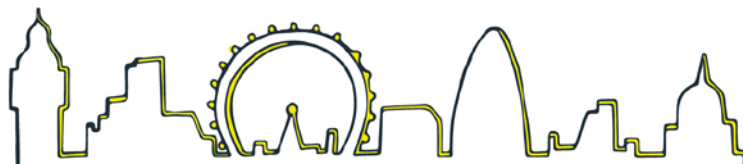
Appendix Five – Rotation Passport

The following are draft sample templates for one rotation for a rotation passport:

START OF ROTATION:

Name of nurse:
Name of manager:
Rotation area:
Start date of rotation:
End date of rotation

Nurse's expectations:
Manager's expectations:
Local induction checklist:



Study days/e-learning planned:

Development plan:

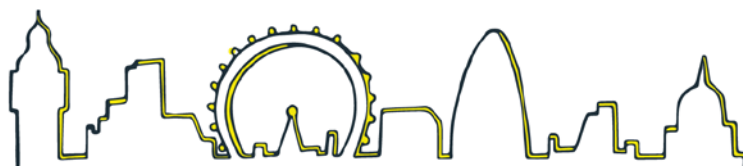
Objectives should be SMART – Specific, Measurable, Achievable, Realistic and Timebound

Comments/notes:

Nurse's signature:

Manager's signature:

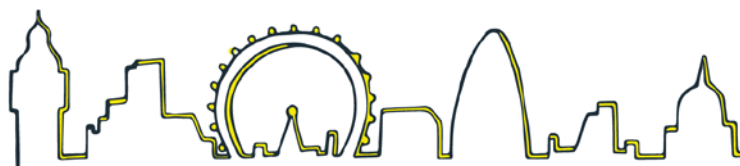
Date:



MID ROTATION:

Name of nurse:
Name of manager:
Rotation area:
Date of review:

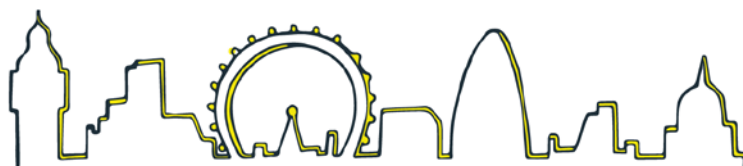
Progress to date (Nurse's perspective):
Progress to date (Manager's perspective):
Review of development objectives:
Comments/notes:
Nurse's signature:
Manager's signature:
Date:



END OF ROTATION:

Name of nurse:
Name of manager:
Rotation area:

Achievements (Nurse's perspective):
Achievements (Manager's perspective):
Further development identified:
Comments/notes:
Nurse's signature:
Manager's signature:
Date:



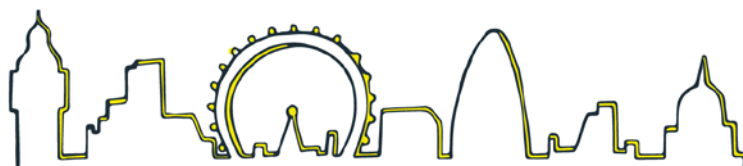
END OF ROTATION – NURSE’S REFLECTION

Using the Rolfe et al model, reflect on the main learning from the rotation, how this has felt and how it will influence your future practice:

WHAT?

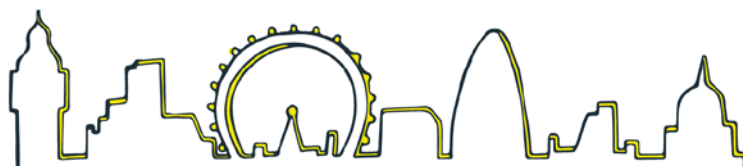
SO WHAT?

NOW WHAT?



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- Viorica Iereme, Royal National Orthopaedic NHS Foundation Trust
- Owain McAteer, University College London NHS Foundation Trust
- Vanessa Everett, Evelina, Guys & St Thomas' NHS Foundation Trust

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