

Report Title	Fully Staffed – improving retention in SWB		
Sponsoring Executive	Raffaella Goodby, Director of People and OD		
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Meeting	Public Trust Board	Date	2 nd January 2020

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

The Trust Board is cognisant of the challenges posed by vacancies in the Trust to deliver consistent and quality care to our patients. The board already know that we aim to have approx. 550 WTE vacancies in our Trust by the end of March 2020. This means an intense effort for recruiting to vacant posts in nursing in particular, the Chief Nurse's paper outlines the Trust approach.

This must be supported by a clear investment in retaining our skilled colleagues and developing them. This has been a key issue and a driver of the PDR reward process, creating a career scale for Health Care Workers and the Trust Wide work on engagement led by clinical groups. The paper gives a detailed analysis of why colleagues are leaving our Trust, and sets out a granular action plan for responding to that challenge with the aim of reducing the Trust turnover to 10%. This would put us in line with the top performers in our peer group.

The Board is asked to discuss the paper and to analyse whether it offers sufficient assurance to the Board on the approach to retaining more of our skilled colleagues in the Trust.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	X	Public Health Plan		People Plan & Education Plan	X
Quality Plan	X	Research and Development		Estates Plan	
Financial Plan	X	Digital Plan		Other <i>[specify in the paper]</i>	

3. Previous consideration *[where has this paper been previously discussed?]*

Trust Board. People and OD Committee

4. Recommendation(s)

The Trust Board is asked to:

- a. **DISCUSS** the retention report and the key reasons for colleagues leaving the Trust
- b. **DISCUSS** the data and trends and themes for leavers
- c. **DISCUSS** the retention plan and whether it offers assurance that turnover will be reduced as a result

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		Risk Number(s): 114			
Board Assurance Framework		Risk Number(s): BAF 11, BAF 12			
Equality Impact Assessment	Is this required?	Y		N	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board 2nd January 2020

Fully Staffed – Improving Retention Plan for 2020/21

1.0 Introduction

The Trust's vacancy position and corresponding recovery plan has been reported at Trust Board in recent months. As part of our drive to improve overall staffing levels, there is a clear requirement to increase our focus on staff retention alongside our plans to recruit to vacancies. The Trust Board have heard that we aim to have 554 WTE vacancies by the end of March 2020, knowing that half of those are 'hard to fill' and will need a different, more radical approach to recruit and fill. This puts a significant challenge on our ability and capacity to recruit, this paper sets out how we can retain more of our colleagues in order to balance out the resource and effort.

The Trust's turnover rate is currently around 11.5% (rolling 12 months). To reach the target turnover rate of 10% (which is comparable with large acute Trusts locally), we would need to reduce the number of people leaving in comparison to the last 12 months by **90FTE over a 12 month period** (an average of 7.5wte less people leaving p/m).

2.0 Leavers Analysis / Trends

2.1 In the 12 month period ending September 2019, **706.7wte (818 headcount)** employees left the Trust (this excludes staff leaving as a result of the Pathology transfer and trainee doctors on rotation). This equates to an average of 58.9wte (68 headcount) per month.

2.2 An analysis of the retirement trends over the last 3 years has shown that the average retirement age is 60 for females and 62 for males. Based on this, there are **578** people in this age bracket that could potentially decide to **retire** in the next 12 months.

However, in the 12 months up to September 2019, 143 people retired (equating to around 25% of people in this age bracket). Therefore, if we assume a similar trend over the next 12 months, we can forecast that approx. **145 people may retire over the next 12 months** (averaging 12 per month) (See annexe 1 – Retirement Trajectory).

2.3 Analysis of the leaver's data for the 12 month period up to September 2019 highlights the following trends:

- The main reason for leaving the organisation is voluntary resignation (69% of leavers in last 12 months), followed by retirement (17%).
- A large proportion (45%) of leavers had less than 2 years' service. These were predominantly from Band 5 and Band 2, from Nursing & Midwifery, Additional Clinical Services, as well as Admin & Clerical staff Groups.

- The majority of leavers are from the following staff groups: Nursing & Midwifery (264 HC), Additional Clinical Services (126 HC) and Admin & Clerical (118 HC) reflecting the buoyant recruitment market for these staff groups.
- The highest number of leavers by band were from bands 5, 2 and 6 respectively.
- When analysing leavers by age band, no adverse trends were identified. Nursing & Midwifery staff had a higher proportion of leavers between the ages of 50-60 than other staff groups.

2.4 Table 1: Reasons for Leaving (12 months up to Sept 2019)

Reason for Leaving	Headcount
Voluntary Resignation	551.0
Retirement Age	119.0
End of FTC	75.0
Dismissal	28.0
Voluntary Early Retirement	24.0
Death In Service	6.0
Employee Transfer	6.0
Retirement - Ill Health	5.0
Redundancy - Compulsory	2.0
Flexi Retirement	1.0
Pregnancy	1.0
Total	818.0

2.5 In order to reduce the number of people leaving the organisation, we need to focus on those choosing to resign or retire. A breakdown of the most common reasons for resignation is shown in chart 1 below (data taken from the information recorded by managers on the termination form in ESR).



2.6 Exit Data

In addition to the data available from ESR, over the past 12 months the HR department has received **95** completed exit questionnaires. A snapshot of some of the themes from the questionnaires is below:

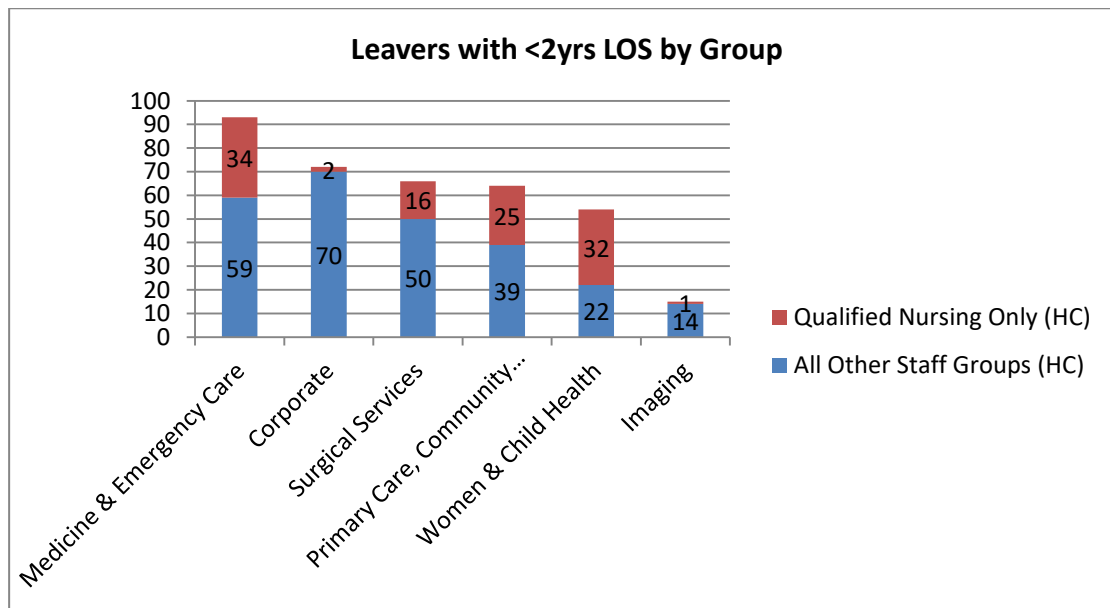
2.7 Exit Questionnaire Themes

Positives	Reasons for Leaving
<ul style="list-style-type: none"> • Job content • Rewarding work – caring for patients • Training & support received/available • Teamwork / good colleagues 	<ul style="list-style-type: none"> • Staff shortages creating too much pressure/inability to deliver the care the individual feels they should be providing. • Feeling unappreciated by managers • Poor team morale • Lack of opportunities • Seeking better pay • Shift patterns / working hours – not family friendly • Lack of breaks • Concerns about the Trust’s priorities (i.e. not putting patients first)

Whilst it is acknowledged that there are a proportion of people whose resignation may be more difficult to influence (e.g. those leaving to relocate, or to undertake further education/training), the data available highlights that we may be able to retain more staff with a focus on **improving the work-life balance for staff** (this may be through embedding the Trust’s commitment to increasing flexible working, or ensuring there are realistic demands on individuals’ time); increasing **opportunities for career development and progression** internally (for example, through promotion of the range nursing career development opportunities available, introducing new roles, identifying a talent pool based on PDR scores and actively exploring opportunities for those staff, improving the use of secondments within and outside of the Trust to allow people to gain wider experience but retaining their skills in the long term, and improving the use of the existing internal staff transfer procedure).

2.8 Leavers by Length of Service:

Length of Service	Headcount
Less than 12 months	151
1-2 years	214
3-5 years	126
6-10years	86
>10years	241
Total	818



2.8.1 Leavers with less than 2 years' service

45% of leavers in last 12 months (up to Sept 2019) left with less than 2 years' service. Of these, 30% were qualified nurses/midwives. In order to improve the retention of new starters to the Trust, **improvements to the induction and on-boarding process** are being implemented. The aim is to contact new starters within the first 2 days of commencing with the Trust to explore their joining experience and ensure any problems can be identified and resolved early. At 100 days, all new starters will be contacted via a survey to gain feedback on their experience so far.

2.8.2 Retaining new starters.

Further plans to retain new starters are outlined in the attached project plan (Appendix 2), which include **widening the use of preceptorships** to other staff groups (e.g. therapies) and creating **networking/peer support** opportunities for cohorts of new starters.

2.9 Developing Flexible Retirement Options

In view of the age profile/retirement trajectory, it is also recommended that the **retirement options** available within the Trust are evaluated / reviewed to ensure we are able to retain skilled and experienced staff who may be able to continue working for many more years, but may wish to change the way they work in some way (e.g. fewer hours / different responsibilities).

2.10 Review Leaver's Process

It is also proposed to **review the Trust's leavers process** to improve the intelligence captured regarding why people leave the organisation, as well as put proactive preventative measures in place to try and encourage those who may be considering leaving to remain with the Trust. It is intended that the review of the process will include the following:

- Ensure data on forthcoming leavers is reviewed and acted upon by group local managers.
- Ensure managers have good quality conversations with staff wishing to resign to fully understand the reasons and to explore options to retain skilled individuals.

- GDON's to personally contact all potential leavers within nursing to discuss reasons and explore options for retention (already in progress).
- Review of exit questionnaire to ensure fit for purpose and improve response rates through encouraging staff to complete prior to leaving.
- Target those who may be considering leaving to where they can access support (e.g. if concerned about work-life balance, flexible working requests and working conditions).

3.0 Employee Benefits

As there are already a wide range of award winning benefits, well-being support and learning & development opportunities within the Trust, we will be working to better promote what is already available. For example,

- Wide range of shopping discounts available to Trust employees through www.swbhbenefits.co.uk and through an app, saving up to £600 per year
- Free gyms / yoga / exercise classes
- Free Financial Well Being Advice through Neyber, low cost loans and financial coaching advice
- Car Lease through Tusker with a focus on electric vehicles
- Aspiring to Excellence PDR process with financial bonus being introduced in 20/21
- Wide range of Learning & Development opportunities (ring-fenced training budget)
- Accredited Managers' programme
- Opportunities for coaching
- Staff networks e.g. BAME, LGBT, Disability & Long Term Conditions
- Speak up Guardians, Managers' Code of Conduct
- Flexible Working Policy and flexible working opportunities
- Nursing Career Escalator. Health Care Assistant Career Escalator

4.0 Retention Project Plan

In order to improve retention within the Trust a range of different approaches will be required to take account of the differing needs/motivations of staff at different stages of their career (e.g. early career, mid-career, pre-retirement). The project plan attached in annexe 3 outlines the various strategies planned to improve staff retention over the next 12 months. This will be led by the relevant professional executive directors and championed by the Trust Board.

We will also be joining Cohort 5 of the NHS England and NHS Improvement Retention Direct Support Programme aimed at sharing good practice with other Trusts in the development of retention plans.

5.0 Conclusion

The Trust has to invest time and effort in retaining existing staff rather than constantly recruiting. This will take multi-disciplinary effort and input to be successful. This will involve alignment between the Chief Nurse, Director of People and OD, Medical Director and others.

The Trust Board is asked to:

- 1) Discuss the retention report and the key reasons for colleagues leaving the Trust
- 2) Discuss the data and trends and themes
- 3) Discuss the retention plan and whether it offers assurance that turnover will be reduced as a result
- 4) Delegate the monitoring of this plan to the People and OD Board Committee with regular updates to the Trust Board
- 5) Consider this paper alongside the report of the Chief Nurse on recruitment and the Director of Finance on the paybill position, to ensure alignment and consistency.

Raffaella Goodby, Director of People and Organisation Development
Frances Jackson, HR Business Partner

27th December 2019