

Report Title	Fully Staffed – Improving retention in SWB		
Sponsoring Executive	Frieza Mahmood – Acting Director of People and OD		
Report Author	Frances Jackson – HR Business Partner Frieza Mahmood – Acting Director of People and OD		
Meeting	Public Trust Board	Date	3 rd December

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

The Trust Board are cognisant of the challenges posed by vacancies in the Trust which impact on the delivery of consistent and quality care to our patients.

Our recruitment plans must also be supported by a clear investment in retaining our skilled colleagues and developing them. A paper was presented to Trust Board in January 2020 setting out an action plan with the aim of reducing turnover to 10%; putting us in line with the top performers in our peer group. Progress with these actions has been delayed due to the challenges faced by the Trust in the event of the Covid 19 pandemic.

This paper provides an update on current turnover trends and a further detailed analysis of why colleagues have left our Trust over the last 12 months. It sets out the actions (from the plan originally presented) which will be the priority areas of action for 2020/21.

The board are asked to discuss the paper and to analyse whether it offers sufficient assurance on the longer term retention 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 Committee is asked to:

- a. Note the contents of the report
- b. Discuss the retention plan and determine whether it offers assurance on reducing turnover
- c. Receive further updates with monitoring delegated to the Boards POD Sub Committee.

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 3rd December 2020

Fully Staffed – Improving Retention Plan for 20/21

1.0 Introduction

- 1.1 The Trust's vacancy position and corresponding recovery plan has been reported at Trust Board. 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.
- 1.2 A paper was presented to Trust Board in January 2020 setting out an action plan with the aim of reducing turnover to 10%; putting us in line with the top performers in our peer group. The action plan focused on a wide range of actions aimed at improving our available data and intelligence on why people choose to leave and stay, as well as work streams focussed on different stages of the employee lifecycle, including support for new starters, mid-career development support and retaining our older workforce.
- 1.3 Progress with these actions has been delayed due to the challenges faced by the Trust in the event of the Covid 19 pandemic. However, there have been a number of developments during 2020 which aim to improve staff experience.

These include the enhancement of the Trust's health & well-being offer, with the introduction of mental health risk assessments for all colleagues, the opening of the well-being sanctuary, increased psychological support and the introduction of the TRIM approach, the launch of the Thrive app, plus a wide range of other resources available to colleagues via Connect.

The Trust's WeConnect staff engagement programme and PDR processes continue; with the inclusion of the review of SMART objectives as part of the PDR moderation process in order to strengthen the quality and relevance of the objectives set within Groups.

In addition, the Trust is placing a greater focus on diversity & inclusion in order to improve the working experience of people from all backgrounds and recently ran a successful all-day inclusion event.

The Trust has also created opportunities for career development, with the introduction of Trainee Nurse Associates providing a new career pathway into nursing, along with a number of individuals from Ward Services being actively encouraged and supported into Healthcare Assistant roles in response to survey feedback.

- 1.4 This paper proposes some key areas of focus for the remainder of the financial year in relation to improving staff retention. In view of the pressures facing the Trust at present and the constraints on some of the key stakeholders required to implement some of the retention initiatives originally proposed, the areas of work proposed are intended to

create/strengthen the framework required to support the implementation of the wider work streams from the first quarter of 2021/22.

2.0 Leavers Analysis / Trends

2.1 The Trust's turnover rate is currently 11.84% (rolling 12 months up to end Sept 2020) and has therefore stayed broadly the same in comparison to the previous 12 months (see below). (This figure reduces to 10.74% when excluding people leaving at the end of their fixed term contracts (separate to doctors in training who are already excluded from this number)).

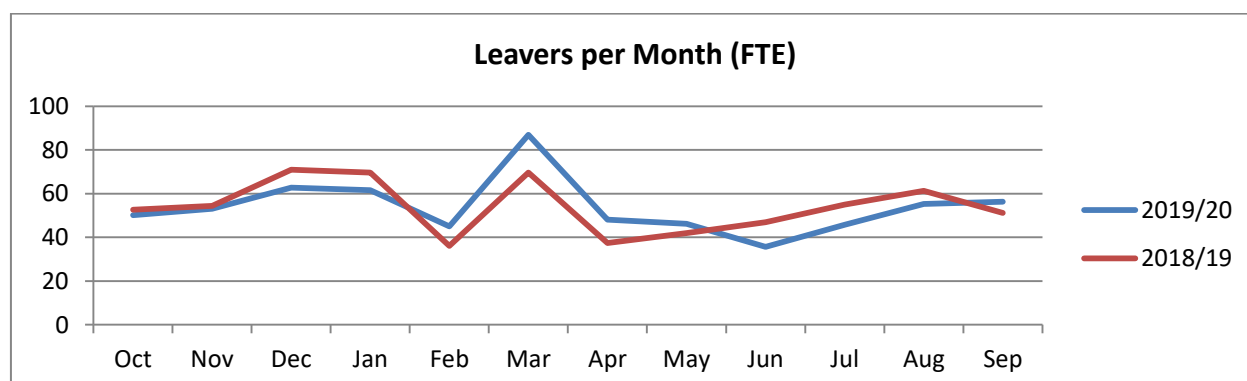
	12 months up to end Sept 2019	12 months up to end Sept 2020
Turnover	11.5%	11.84%
Leavers FTE	706.7	818
Leavers Headcount	712.8	823
Stability Index (%) (Rolling 12 months)	86.05	86.36

**The leavers figure excludes trainee doctors on rotation, those leaving the organisation via TUPE and student nurses.*

***Stability index looks at a count of employees (headcount), with greater than 1 years' experience at the start of the period and how many remain at the end. The higher the % the greater the retention ability of the organisation.*

In the 12 month period ending September 2020, 712.8wte (823 headcount) employees left the Trust (excluding trainee doctors on rotation, those leaving the organisation via TUPE and student nurses). When excluding those on fixed term contracts, this equates to 646.51wte (752 headcount).

A month by month trend is shown below. The number of leavers per month follows a similar trend to the previous year, with a spike at the end of the financial year. Although the numbers leaving in February, March and April 2020 are higher than during the same period in 2019, the data does not indicate an increase in turnover as a result of the Covid 19 pandemic. (Data is based on employee leaving dates, so notice would have been served prior to this).



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 636 people in this age bracket and upwards that could potentially decide to retire in the next 12 months.

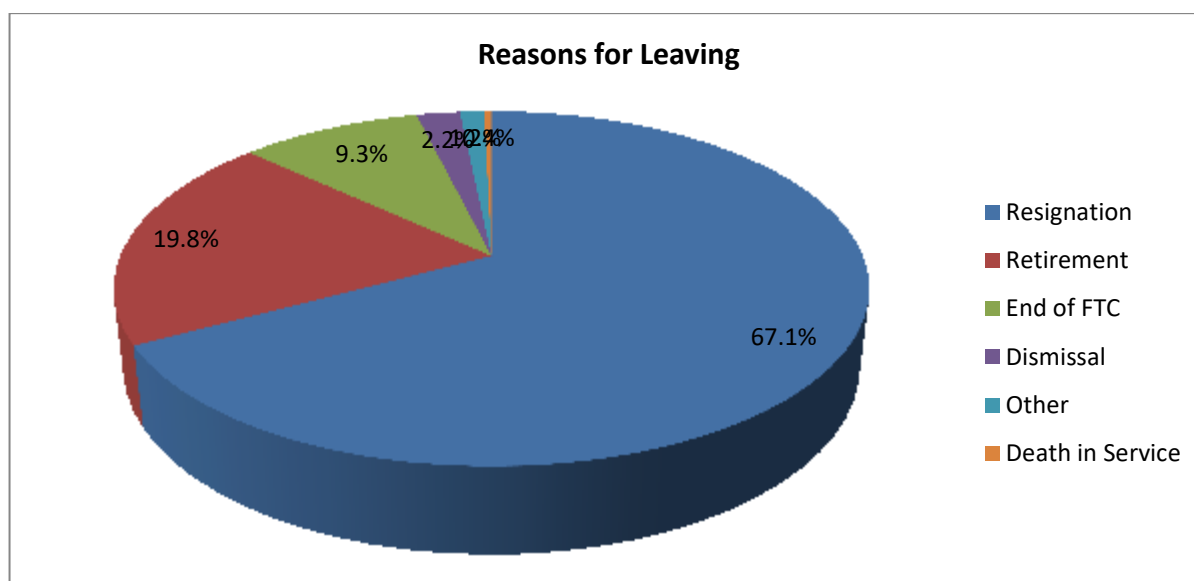
However, in the 12 months up to September 2020, 165 people actually retired (of the 578 projected to potentially retire that year, equating to around 29% of people in this age bracket). Therefore, if we assume a similar trend over the next 12 months, we can forecast that approx. 184 people may retire over the next 12 months. The summary in annexe 1 – Retirement Trajectory provides a detailed breakdown of both the projected and previous actual retirements by Group.

Of the 165 people who retired in the last 12 months, 27 utilised the Trust’s retire & return procedure, returning to work for the Trust and thereby retaining their valuable skills and experience.

2.3 Analysis of the leaver’s data for the 12 month period up to September 2020 highlights the following trends:

- The main reason for leaving the organisation is voluntary resignation followed by retirement. An analysis of the data in comparison to the previous 12 months reveals that there has been an increase in people deciding to retire, but a decrease in people choosing to leave for other reasons.

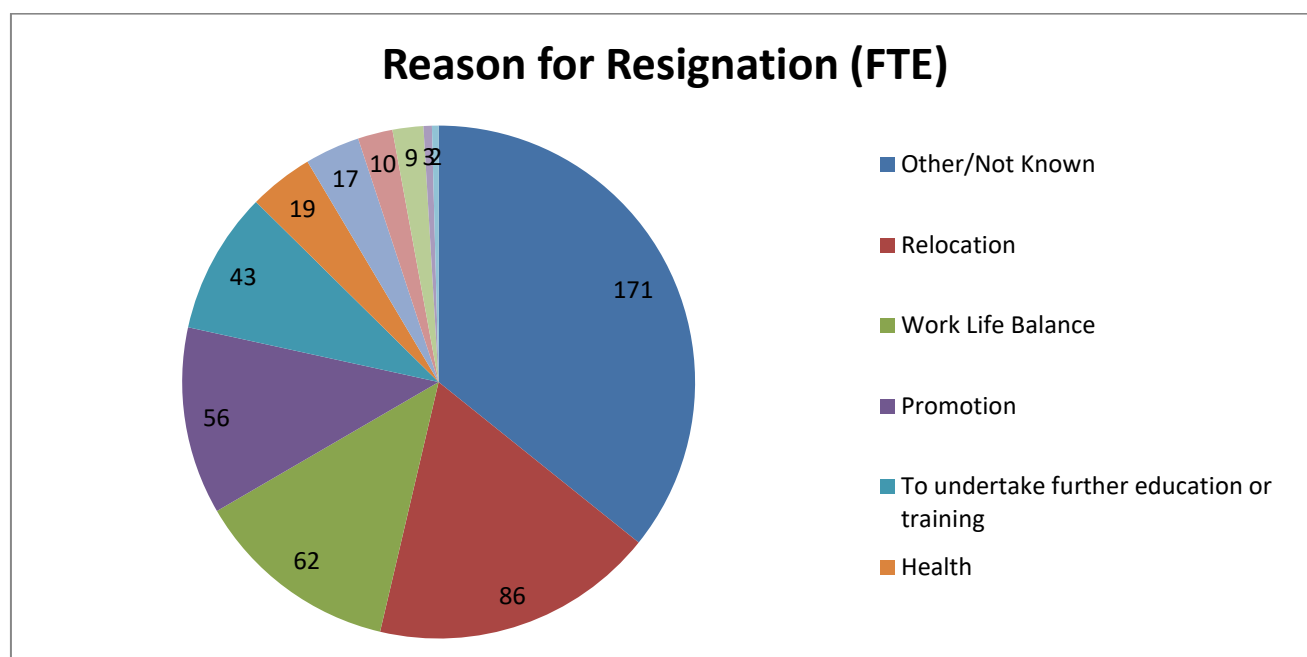
	12 months up to end Sept 2019	12 months up to end Sept 2020
Resignation	69.3%	67.1%
Retirement	17.3%	19.8%



- A large proportion (37%) of leavers had less than 2 years’ service (data excludes people on fixed term contracts), however this is a reduction from the previous 12 months (which was 45%). These were predominantly from Band 5, Band 2 and band 6 and from Nursing & Midwifery, Additional Clinical Services, as well as Admin & Clerical staff Groups.
- The majority of leavers continue to be from the following staff groups: Nursing & Midwifery (297 HC), Admin & Clerical (124 HC) and Additional Clinical Services (119 HC) and reflecting the buoyant recruitment market for these staff groups.

- The highest number of leavers by band was from bands 5, 6 and 2 respectively.
- There was no adverse trend in relation to the age of those who left the organisation.

2.4 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 the chart below (data taken from the information recorded by managers on the termination form in ESR). There are still gaps in the data recorded by managers on ESR which makes it difficult to easily analyse the reasons people choose to leave the Trust. This process will be reviewed as part of the work to be undertaken to improve data capture.



Main Reasons for Leaving in Staff Groups with highest no. Leavers

Nursing & Midwifery		Headcount
Retirement		63
Resignation - Relocation		57
Resignation - Other/Unknown Reason		57
Resignation - Worklife Balance		43
Admin & Clerical		Headcount
Resignation - Other/Unknown Reason		36
Retirement		36
Resignation- Promotion		15
Resignation - Relocation		9
Additional Clinical Services		Headcount
Resignation - Other/Unknown Reason		31
Retirement		26
Resignation - To undetake Further Education/Training		17
Resignation - Worklife Balance		15

2.5 Exit Data

In addition to the data available from ESR, over the past 12 months the HR department has received 22 completed exit questionnaires. A snapshot of some of the themes from the questionnaires is below:

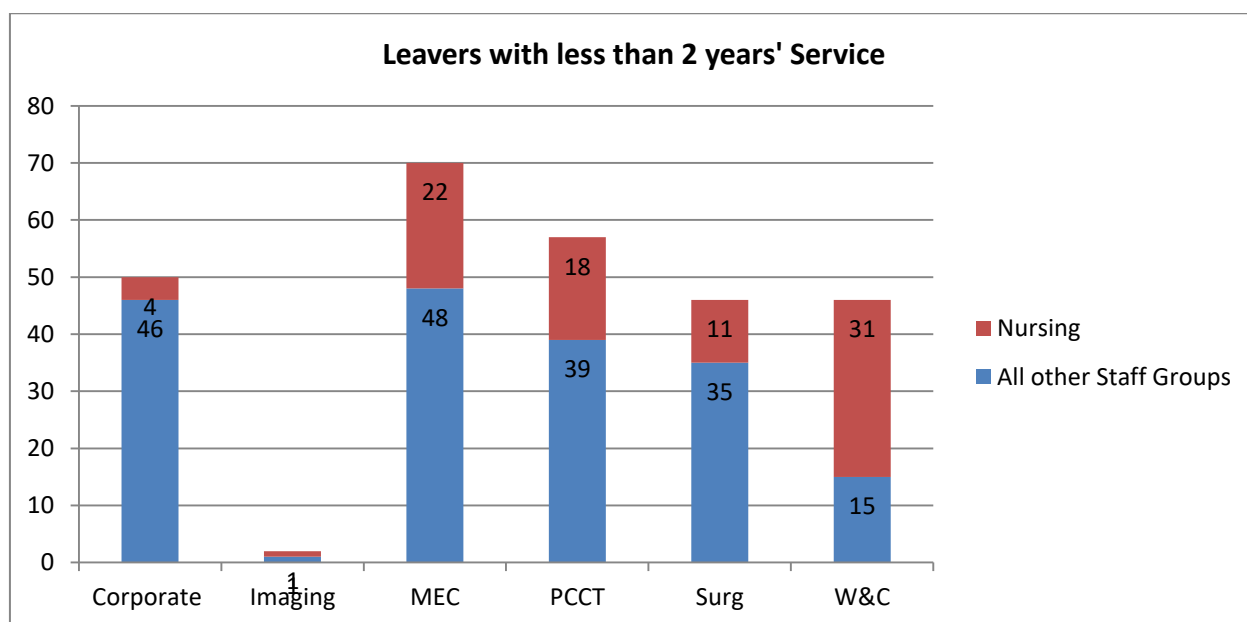
Exit Questionnaire Themes

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.• Lack of recognition for the work done• Lack of opportunities• Seeking better pay• Shift patterns / working hours – not family friendly• Poor working relationships• Lack of line management support

2.6 Leavers by Length of Service:

37% of leavers in last 12 months (up to Sept 2020) left with less than 2 years' service. Of these, 32% were qualified nurses/midwives.

Length of Service on Leaving (exc. FTCs)	Headcount
Less than 12 Months	198
1-2 Years	74
2-5 Years	156
5-10 Years	92
10 Years +	232
Total	752



3.0 Summary of Key areas of Focus

3.1 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 the employment lifecycle (e.g. early career, mid-career, pre-retirement). The priority areas of work are outlined below.

3.2 Retaining Older Workers

3.2.1 As the data suggests, the Trust risks losing c184 staff to retirement in the next 12 months, many of whom may have many more years of valuable service to offer the Trust but may prefer to work in a less demanding role / fewer hours. The Trust already offers a range of flexible retirement options which are available as part of the NHS pension scheme, however these options are not widely utilised. Retire & return seems to be the most popular option, with 16% of retirees returning to work for the Trust.

3.2.2 In order to focus on the retention of our older workforce, focus will be placed on the following actions over the coming months:

- Revise the Retirement policy to ensure the ethos is around encouraging and supporting staff to work longer, to enhance the flexible retirement options available and promote this more widely in the Trust.
- Create a manager's guide to holding retirement conversations (to complement the PDR process) in order to support managers to have open discussions with their staff about their potential retirement plans, options for retaining them, to allow for effective succession planning, whilst also supporting managers to be aware of the requirements under the Equality Act 2010.
- Review and promote the health & well-being offer for older workers, including the provision of health MOTs, support with MSK problems,

menopause awareness and support etc, in order to ensure this staff group have the support they need to continue working for longer.

- The continued provision of retirement seminars to aid financial planning.
- Introduce a process whereby those who have retired are contacted within 3 months of leaving to see if they would be willing to return to work for the Trust.
- Train employees in the later stages of their career to become mentors in order to utilise their skills and experience to assist those in earlier stages of their careers to develop.
- Create a Connect page to include a range of resources to support people in this age group, including further guidance on pensions, including pension tax changes.
- Undertake some staff engagement to determine the likelihood of individuals retiring in the next 12 months and what options would encourage them to stay, so that we are able to provide the options that are most relevant.

3.3 Mid-Career Support

3.3.1 The PDR process is currently being reviewed and it is proposed that further management guidance is produced to support managers to hold mid-career “itchy feet” conversations with individuals who may be looking for their next career move. We will also look at increasing opportunities for career development and progression internally for example, through promotion of the range nursing career development opportunities available, 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.

3.3.2 It is acknowledged that more work needs to be done to embed the Trust’s commitment to flexible working. Some progress has been made with this, with the introduction of remote working for some staff groups, which provides for a better work life balance. There is, however, more work to do to create opportunities for frontline staff to work more flexibly. However, this needs to be considered in light of the wider work taking place around flexible contracts and the provision of 7 day services. This cannot be done in isolation of other service plans and will need to complement the wider workforce strategy for the Trust, with full engagement from a range of stakeholders. As such, this is seen as a longer term piece of work.

3.4 Supporting New Starters

3.4.1 The corporate induction process has recently been reviewed in light of the restrictions in place due to the pandemic with the introduction of a virtual corporate induction. In order to assess the revised induction and on-boarding experience, it is proposed that new starters will be surveyed at 30, 60 and 90 days after they start to find out how far the Trust has met their expectations and what needs to change.

- 3.4.2 In addition, we will look at options for improving and widening preceptorship support to other staff groups (e.g. therapies), creating networking/peer support opportunities for cohorts of new starters and the introduction of a mentorship scheme for individuals within their first year of service.

3.5 Review Leaver Process

3.5.1 The Trust's leaver process will be reviewed in order 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 "stay" 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.
- Review of exit questionnaire to ensure fit for purpose and improve response rates through encouraging staff to complete prior to leaving.
- Signpost 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).
- Review options on ESR for recording leaving reasons to reduce "unknown" entries.

4.0 Conclusion

The Trust has to invest time and effort in retaining existing staff rather than constantly recruiting. This will require multi-disciplinary effort and input to be successful along with close working between the Chief Nurse, Director of People and OD and Medical Director in particular.

5.0 Recommendations

The Trust Board are asked to:

1. Note the contents of the report
2. Discuss the retention plan and determine whether it offers assurance on reducing turnover
3. Receive further updates with monitoring delegated to the Boards POD Sub Committee.

Frances Jackson – HR Business Partner

Frieza Mahmood – Acting Director of People and Organisation Development

3rd December 2020