

Report Title	Retaining our staff (an update on retention activity)		
Sponsoring Executive	Frieza Mahmood, Chief People Officer		
Report Author	Frances Jackson, HR Business Partner		
Meeting	Trust Board Public	Date	4 th November 2021

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

A paper was submitted to POD Board Committee in June 2021 and October 2021 which provided an update on the ongoing work in relation to the Trust's retention plan. This paper provides a further update on progress with the retention action plan, as well as results of the exit survey responses for the first 6 months since launch. The Board is asked to note the work currently underway.

Alignment to our Vision *[indicate with an 'X' which Strategic Objective this paper supports]*

Our Patients	Our People	Our Population
To be good or outstanding in everything that we do	To cultivate and sustain happy, productive and engaged staff	To work seamlessly with our partners to improve lives
	X	

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

Retention paper was submitted to Trust Board in December 2020, with updates in February and June 2021.

This was also discussed the POD Board Committee in October 2021

3. Recommendation(s)

The Board is asked to:

- a. Note the update provided in this paper.

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

Trust Risk Register					
Board Assurance Framework					
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 Boards on 4th November 2021

Retention Plan Update

1.0 Executive Summary

- 1.1 The current rolling turnover rate for the Trust as at September 2021 is **12.72%** (excluding junior doctors), which represents a reduction in turnover since April 2021 (which was 14.12%). This figure reduces to 10.11% when also excluding people on fixed term contracts, student nurses and TUPE's.
- 1.2 Progress continues across a range of generational retention work streams. Work is ongoing to review and consult on changes to our flexible retirement processes, provide additional pensions support to staff and increase awareness and support for those experiencing menopause. Interim changes have been made to the flexible working procedure pending full policy review to support staff to access flexible working, plus we are taking part in the Flex for the Future Programme to develop an action plan to embed a flexible working culture within the Trust. Work is also continuing on making improvements to the recruitment, induction and on-boarding experience in order to support new starters to feel welcome and settled within the Trust.
- 1.3 In relation to staff experience, progress is being made in introducing and embedding our approach to Just & Learning culture with a pilot taking place to test a refreshed approach to managing situations that go wrong within the Trust, through asking "what was responsible, not who is responsible". Well-being also continues to be a key area of focus with existing support being regularly promoted and support options further extended. Actions to improve the working lives of SAS Doctors (Associate Specialists and Specialty Doctors) and Locally Employed Doctors (JSDs and Fellows) is also underway, with 3 key work streams focused on well-being, education & development and transforming employment.
- 1.4 The People & OD cultural heat map previously presented to this committee has been updated and is enclosed at Annex 3. This will support the development of a framework for improving retention and staff experience using quality improvement methodology. The proposed approach will be based on the PDSA cycle and will include a deep dive diagnostic process to identify key issues and themes, a staff engagement approach using appreciative inquiry, the design of relevant interventions and an evaluative process. A full proposal of the planned framework will be presented at the next POD Board Committee meeting.
- 1.5 Feedback from the exit survey responses for April – September 2021 is outlined within Annex 2. These findings show that the key issues of concern are being addressed through our Trust retention plan and wider culture change plans, and will be further enhanced through the introduction of a Black Country & West Birmingham ICS Retention Plan (draft at Annex 1).

2.0 Introduction

- 2.1 A paper was submitted to POD Board Committee in June 2021 which provided an update on the ongoing work in relation to the Trust's retention plan. This paper provides a further progress update on actions taking place within the key retention work streams which are based around a generational approach to retention, as well as the findings from the exit survey data collected in the first 6 months since launch.
- 2.2 The current rolling turnover rate for the Trust as at September 2021 is **12.72%** (excluding junior doctors), which represents a reduction in turnover since April 2021 (which was 14.12%). This figure reduces to 10.11% when also excluding people on fixed term contracts, student nurses and TUPE's.

3.0 ICS Retention Programme

- 3.1 The Black Country & West Birmingham ICS Retention Programme Steering Group is developing a system-wide retention action plan, which is due to go to the People Board in October 2021. Once approved, the actions from this programme will need to be built into our Trust retention plan. The draft plan is attached at Annex 1 for information; however this is currently being consulted on with key stakeholders and is subject to change. The programme is intended to support organisations within our system to work together on solutions that will impact across the system and share good practice. Each organisation on the steering group will be expected to take the lead on specific work streams within the plan.

4.0 Exit Survey Findings

- 4.1 A new online exit survey was launched on 15th April 2021 in order to improve the data the Trust receives regarding why people leave and their experiences of working for the Trust. The response rate has been **25%**, with 122 surveys returned up to 30th September. This is a significant improvement compared to the previous process, which saw only 3% of surveys being returned over a 12 month period in 2020 and 13% returned in 2019.
- 4.2 Findings from the exit survey feedback received during this period are set out in **Annex 2**. The data shows that the most common reasons for leaving cited by leavers are as follows:
- Work-life Balance
 - Lack of opportunities for internal career development/promotion
 - Dissatisfaction with working conditions
 - Retirement
 - Lack of Management Support

There are a number of work streams in progress within the Trust over the next 6-18 months to address the issues highlighted through this data, for example:

- Increased focus on flexible working through development of new, supportive flexible working procedure and participation in the Flex for the Future Programme to embed culture change.

- A review of the PDR process, training needs analysis and approach to talent management and career support to develop mechanisms to better support people with their career ambitions.
- A strong focus on staff well-being and safety as part of the recovery effort and ongoing challenges with Covid19.
- A review of the flexible retirement policy and provision of pension information.
- The development of a new leadership framework, just & learning culture and revised values & behaviours.

Progress updates on some of these work streams are provided in this paper.

- 4.3 The findings of the recent Pulse staff survey for Q2 2021/22 have been considered alongside these results to establish whether there are any commonalities in the feelings of staff who have left and those who remain. The pulse survey highlights the following areas as having the lowest positive responses across most staff groups and directorates: “We have a voice that counts”; “We are recognised and rewarded”. The exit survey results found that employee voice was also a concern to staff that chose to leave the organisation (see Annex 2, Section 5.2), however reward and recognition did not come out as a specific theme causing people to leave. As stated above, work is underway in relation to a number of culture change work streams (i.e. just & learning culture, leadership framework, values & behaviours) which should help to create an environment where colleagues feel heard and recognised in their work. In the meantime, the feedback from the Pulse survey will be considered as part of the quality improvement approach to retention to identify further interventions required (see Section 5.0).
- 4.4 Within ESR there is functionality for staff to complete an exit questionnaire within the system, which this Trust (amongst many others) doesn’t currently use. However, in response to the need to improve retention data, from October 2021 the ESR exit interview questionnaire is being updated with a revised set of questions, utilising questions from the NHS Staff Survey, as well as additional new questions and an opportunity for staff to self-report their reason for leaving. There will also be a free text box for them to confirm what (if anything) would have made them stay in their role or organisation. The functionality will automatically invite staff to participate in an online exit questionnaire through sending them a system generated email to the email address held in their record (usually their nhs.net email). Data from responses be accessed through BI reporting and can be utilised at organisation and system level to support retention planning. We are currently in the process of assessing the benefits of this new functionality against the current Survey Monkey based system recently introduced. An options appraisal will be presented to the next POD Board Committee meeting for consideration as to the way forward.

4.0 People & OD Cultural Heat Map

- 4.1 To support the identification of hot spot areas for retention and team culture concerns, a cultural heat map has been developed - the up to date version is attached at **Annex 3**. The heat map identifies the following directorates as scoring less favourably when compared to other departments across a range of workforce metrics: Corporate Nursing Services, Operations, iBeds, Theatres, Heath Street HC, Maternity & Perinatal Medicine. However, when examining the data further at team level using the Retention Investigation Tool, plus triangulation with the latest pulse survey results (overall engagement score), the following Directorates/Departments

have been identified as areas requiring further exploration and validation of the details and issues underpinning the data:

- Corporate Nursing Services: Ward Services
- Operations: IT Support Services; Patient Access
- iBeds: Speech Therapy, Rowley Re-ablement Henderson
- Theatres: Ophthalmic Theatres, Sandwell and City Theatres
- Maternity: Community Midwifery
- Ophthalmology: Orthoptists; Outpatients
- Emergency Care: ED Nursing; Acute Medical Ward A

(NB: it is noted that there are already retention plans in place in some of these areas to address key issues e.g. Community Midwifery)

5.2 To take this work forward, we are currently working with a group of key stakeholders to design a framework which will support actions to improve retention and staff experience using quality improvement methodology. The proposed approach will be based on the PDSA cycle and will include a deep dive diagnostic process to identify key issues and themes, a staff engagement approach using appreciative inquiry, the design of relevant interventions and an evaluative process. A steering group will also be established to provide support and monitor progress. A small number of pilot areas will be identified to test the approach, with the data above providing the steer as to which teams to include in the pilot. Improvements will be monitored using statistical process control charts to measure the impact of relevant interventions. Outputs from the evaluation will be brought to POD Board Committee to consider whether this is the right approach to roll out more widely. A full proposal of the planned framework will be presented at the next POD Board Committee meeting.

6.0 Retaining Colleagues in Late Career

6.1 Work is continuing to support colleagues in the later stages of their career to work for longer. Proposed changes to the Trust's retire & return process are currently being consulted on with staff side to make it easier for colleagues to access this flexible retirement option whilst also ensuring that there is a consistent approach in place which aligns to strategic workforce needs and reflects current legal advice. A full review of the Trust's retirement policy is planned for Quarter 4, which will allow us to align and further promote the flexible retirement options available.

6.2 Information about the impact of the McCloud judgement on those in the 1995/2008 NHS Pension Scheme has been circulated to assist employees in understanding the changes and implications to them. The retirement seminars that were reintroduced in August 2021 are proving to be popular with positive feedback received from attendees. We will be reviewing the additional pension seminar options available to determine whether an extension to the current offer would be beneficial for staff planning for retirement. We will also assess ways of engaging with those attending the retirement seminars in order to gain feedback on what options may encourage them to remain with the organisation for longer; this will be aligned to the Flex for the Future programme (see Section 7). In addition, work is progressing alongside colleagues in

our Pensions team to collate the range of pension support information available within the NHS so that staff can easily access useful resources and information via Connect.

- 6.3 To further support colleagues with their health & wellbeing, in partnership with our STP organisations, the Trust has been offering externally provided menopause awareness seminars for staff and managers to understand the impact of menopause and how to support staff experiencing this. In addition, a menopause awareness toolkit has been made available to provide information and practical guidance for staff and managers, with further promotion being planned for World Menopause Day on 18th October 2021. A task & finish group is also being established to identify and take forward further actions to improve the workplace experience of staff going through menopause.

7.0 Mid-Career Support: Flexible working

- 7.1 Section 33 of the NHS Terms & Conditions handbook has recently been updated to include enhanced rights to request flexible working, an expectation that requests will be considered in a creative and solution focused way (with an escalation process in place for use when managers are unable to accommodate requests within the individual's existing team), and increased monitoring requirements. The Trust has therefore published an interim flexible working procedure to reflect this change, with a full policy review planned for Quarter 4. Management guidance on having flexible working conversations and some of the practical procedural aspects is also in development.
- 7.2 To support the wider culture change which will be required to make the NHS People Promise "We Work Flexibly" a reality, the Trust has commenced the Flex for the Future programme, which is funded by NHSE and run by experts Timewise, with a multidisciplinary change team in place to take this forward. The change team (which was limited to 5 people as per programme requirements) includes the following people:
- Frances Jackson, HR Business Partner (Change team lead)
 - Dr Zoe Huish, Consultant (Anaesthetics) (Medical representative)
 - Cathy Brown, Head of Education (Nursing & Midwifery) (Nursing representative)
 - Fiona McCarron, Midwifery Matron (Midwifery representative)
 - Kate Nixon, Integrated Care Service/Wheelchair Service Clinical Team Leader (AHP representative)

Frieza Mahmood, Chief People Officer, is the SRO for the programme. A wider change team will also be established to support the process including staff side colleagues. The programme, which commenced on 30th September and runs until March 2022, will support the organisation to develop an action plan to embed flexible working and deepen flexible working expertise.

8.0 Supporting New Starters

- 8.1 Work is ongoing to review and improve the recruitment, induction and on-boarding process to create a framework ensure individuals are made to feel welcome and supported from the point of offer letter through their first 2 years of service. This framework includes key touch points for

managers to have settling in conversations with new starters at key milestone in their on-boarding process, as well as the streamlining of induction related correspondence through the creation of an external landing page for new starters to access all the information and links they need. The corporate welcome is also being reviewed to update and improve it in response to feedback.

- 8.2 In addition, the information shared about the Trust in our job adverts is being reviewed and management guidance on how to write a good job advert is being created, in order to maximise opportunities to attract talent to organisation and build in the benefits that Midland Metropolitan University Hospital will bring, as well as the Trust's new strategic priorities. Over the remainder of the year, work will also be developing an approach to values based recruitment, aligned to the review of the Trust values & behaviours and wider leadership framework.

9.0 Staff Experience

- 9.1 Work is continuing to establish and embed our approach to a Just & Learning culture in relation to the management of issues when things go wrong in order to create a culture of openness, trust, learning and accountability. When things go wrong, it is important that we consider how we respond to colleagues involved in the incident, how we minimise the negative impact and maximise learning by enabling a culture that instinctively asks: "what was responsible, not who is responsible". To support in achieving this a Decision Making framework has been introduced and is currently being piloted within a Clinical Group. The framework takes into consideration the type of concern that has occurred, any holding action required in the interim and a scoping exercise to be completed ahead of any action. A Decision Making Group is then convened. The purpose of the DMG is to ensure that all relevant matters are dealt with in a fair and consistent manner in line with Just and Learning Principles and ensures swift and proportionate action is taken to address the identified concerns. Once the pilot has been completed, outcomes will be reviewed to assess effectiveness in supporting the future of a just and learning culture.
- 9.2 Our wellbeing offer (including the psychological support available) continues to be promoted and extended, with the wellbeing hubs being established at the main hospital sites and plans in place for setting up wellbeing corners for staff to access key information. Well-being hour was introduced in June 2021 and continues to be promoted. Teams have also been supported with funding for team away days to support colleagues to reconnect.
- 9.3 In addition, progress is being made to improve the experience of specific staff groups. At the Local Negotiating and Consultation Committee (LNCC) meeting in June 2021 it was identified that there was more to be done within the Trust to improve the working lives of SAS Doctors (Associate Specialists and Specialty Doctors) and Locally Employed Doctors (JSDs and Fellows). Following that feedback 3 working groups have recently been set up to identifying the problems faced and the potential solutions. Each working group contains both SAS Dr and JSD representation. The 3 work streams are as follows:

Work stream	Led by	Issues to consider (this list is not exhaustive)
Wellbeing	Dr Mike Blaber, Junior Doctor and LED Wellbeing Lead	Pastoral support, mentoring, review of trust wellbeing offer to identify if gaps exist for these groups of staff, peer support groups
Education and Development	Prof Jawad Khan, Director of Medical Education	Educational supervision, study leave and budget, CESR programme support and oversight, JSD support and oversight, career guidance
Transforming Employment	Meagan Fernandes, Deputy Chief People Officer	Pre-employment information about living and working in UK, Onboarding, Induction, 2021 SAS Dr contract issues (including SAS Dr Advocate role), LNCC request to give SAS drs additional leave after 7 years, Review of JSD Terms and Conditions

The expectation is that the 3 working groups will have concluded their work by the end of November and will report in to Dr Anderson, Responsible Officer. Dr Anderson will then produce and present a report to CLE.

There are also plans in place to review and align retention actions within the nursing staff group during October to ensure key actions specific to this staff group coordinated and taken forward.

10.0 Summary / Conclusions

10.1 In summary, work is continuing across a range of retention work streams, which reflect the concerns being raised by leavers through their exit feedback. The BC&WB ICS retention programme will introduce additional system-wide measures to further support this work. In addition, there are a number of key culture change plans in place which will support the Trust in the delivery of its strategic people plan in the longer term, thereby improving staff retention.

11.0 Recommendations

11.1 The Board is asked to:

- a) Note the update provided in this paper.

Annexes

Annex 1: Black Country & West Birmingham ICS Retention Programme - Draft Action Plan

Annex 2: Exit Survey Analysis

Annex 3: Cultural Heat Map

Frances Jackson

HR Business Partner

13th October 2021