

Report Title	Retaining our staff (an update on retention activity)		
Sponsoring Executive	Frieza Mahmood, Chief People Officer		
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Meeting	Public Trust Board	Date	1 st July 2021

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

This paper provides details on the latest leaver trends (from October 2020 – April 2021), preliminary exit survey results, as well as a progress update in relation to the work streams aligned to the retention plan. The Board is asked to note the work currently underway.

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

Safety Plan	<input type="checkbox"/>	Public Health Plan	<input type="checkbox"/>	People Plan & Education Plan	<input checked="" type="checkbox"/>
Quality Plan	<input type="checkbox"/>	Research and Development	<input type="checkbox"/>	Estates Plan	<input type="checkbox"/>
Financial Plan	<input type="checkbox"/>	Digital Plan	<input type="checkbox"/>	Other <i>[specify in the paper]</i>	<input type="checkbox"/>

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

People and OD Committee February 2021 and June 2021.

4. Recommendation(s)

The Trust Board is asked to:

- a. Note the update provided in this paper.

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

Trust Risk Register	<input type="checkbox"/>					
Board Assurance Framework	<input type="checkbox"/>					
Equality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Public Trust Board: 1st July 2021

Retention Plan Update

1.0 Executive Summary

- 1.1 The Trust's turnover rate for the 12 month period up to April 2021 was **14.12%**; however this figure is impacted by additional short term capacity recruited to support the Covid19 Pandemic, plus a large TUPE. When excluding doctors on rotation, student nurses, fixed term contracts and TUPE, the turnover rate was **9.57%**.
- 1.2 Leavers trends have remained broadly the same as seen previously. The new online exit survey has seen a 25% response rate in the first 6 weeks of its launch, with preliminary data showing that the majority of leavers had a broadly positive experience of the Trust, but improvements are needed in the areas of leadership culture and communication, which form part of the current, ongoing staff survey engagement work.
- 1.3 A draft Retention Analysis Tool is being developed to identify departments with workforce metrics which may indicate a retention problem as well as wider cultural issues for further exploration. Stakeholder engagement on the draft version is taking place regarding the design of the tool. This will then be piloted in the 3 highest ranking areas to determine key themes and identify required interventions.
- 1.4 Progress continues across the work streams aligned to the retention plan. Work is ongoing to review our Retirement Policy and to promote the flexible retirement options available in the NHS pension scheme. System-wide work to improve access to flexible working opportunities is taking place, as is some focused work to improve recruitment practices as part of the EDI plan. Our recruitment and induction process is being reviewed and our online induction process is being streamlined to make it easier to follow and access.
- 1.5 There is continued work to increase the pipeline of people entering nursing careers through alternative routes, as well as work to increase access to career mentoring within the organisation.
- 1.6 Health & Well-being and Staff Engagement continue to be key areas of focus within the Trust, particularly as we support staff during the restoration and recovery phase and in preparing for the opening of MMUH.

2.0 Introduction

- 2.1 A paper was submitted to POD Board Committee in February 2021 which provided an update on the ongoing work in relation to the Trust's retention plan. This paper provides details on the latest leaver trends (from October 2020 – April 2021), preliminary exit survey results, as well as a progress update in relation to the work streams aligned to the retention plan.

3.0 Leavers Analysis

- 3.1 The Trust's turnover rate for the 12 month period up to April 2021 was **14.12%** (excluding trainee doctors on rotation); however this figure is impacted by the deployment of student nurses and other staff that were recruited to provide additional capacity through the Covid19 pandemic, as well as the transfer of our Estates staff to Engie. When excluding trainee doctors on rotation, student nurses, TUPE-out and those leaving at the end of their fixed term contract (i.e. planned turnover), the turnover rate is **9.57%**.
- 3.2 **Annex 1** provides an overview of the leaver trends taken from ESR data for the period **October 2020 – April 2021** (i.e. since the last analysis presented to Trust Board). During this period, there have been **371.83 FTE leavers** (437 headcount) (*excluding trainee doctors on rotation, student nurses, TUPE-out and end of fixed term contracts*). The trends in relation to the types of people and reasons for leaving the organisation have stayed broadly the same as shown in previous reports (details available in Annex 1). There were fewer leavers during the last 6 months compared to the same period in the previous 2 years. This reduction in leavers is likely to be due to the impact of the second wave of Covid19, therefore it is important that the Trust remains focused on retaining our colleagues as we move into the recovery phase. **103 people have retired** against the forecast of 184 retirements for the 12 month period October 2020 – September 2021, equating to approx. 56% of the forecasted retirees so far.

4.0 Exit Survey Data / Leavers Process

- 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. Within the first 6 weeks of the survey being launched the response rate was **25%**, with 32 surveys returned from the 126 sent. This is already 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. In addition, 4 respondents requested exit interviews which have also been conducted. Work will continue to embed this process with the aim to increase the response rate to 35%.
- 4.2 Preliminary findings from the exit survey feedback received so far are set out in **Annex 2**. There is some correlation in the reasons for leaving stated in the survey responses with the ESR data produced (i.e. career development, work-life balance and retirement). However, the survey has indicated a higher number of people expressing that poor working relationships and poor working conditions have played a part in their decision to leave. The rateable questions have identified that leavers had a broadly positive view of working for the Trust, with mixed results in relation to the following statements:

- The leadership culture of the Trust is positive and constructive
- Communication was good and I knew what was happening in the Trust

These areas are currently being explored as part of the 4 priority areas arising from the national staff survey feedback and engagement work taking place within the Trust around this.

- 4.3 The report in Annex 2 also includes a deeper analysis into the reasons people with less than 2 years' service left the Trust according to exit survey data. Again, their experiences were broadly positive and the majority stated they would recommend the organisation as a place to work and would consider returning. However, the survey indicates that more work may be required as part of the on-boarding process to ensure that new starters feel connected and involved and that they are supported to settle in so that they feel confident with their workload. As the sample size is very small, however, further feedback will be collated and reviewed as part of this process to inform next steps.
- 4.4 To further support the retention of individuals planning to leave the Trust, additional measures have also been implemented:
- 4.4.1 **Pre-leaver process:** a process flowchart is being developed for Group managers, which focuses on managers having early conversations with individuals who are resigning in order to determine whether any measures can be taken to retain the individual before they leave. This is aimed at bringing some consistency to some of the good practice taking place in some areas. Monthly leaver reports are also being shared with Group leads in order to ensure that they are sighted on those due to leave in the next 3 months and follow up actions can take place as required.
- 4.4.2 **Stay Conversations Guidance:** A guide to holding Stay Conversations has been launched alongside the new PDR process. This is aimed at helping managers to have regular, informal conversations about what motivates their staff at work and what support they may need to achieve their goals, as well as having conversations about individual's intention to leave (including planned retirement) and measures that can be taken to retain them. The guidance provides a range of sign-posts for support based on common reasons for leaving.
- 4.4.3 **Exit Interview guidance:** guidance has been created to support managers to hold good quality exit interviews – this can be done when an individual resigns, or following a request as part of the exit survey.
- 4.4.4 **Nurse Retention Focus Groups:** In collaboration with the Corporate Nursing team, some focus groups are being planned with nursing staff to explore what makes people stay with the organisation, which will link to the wider work being done in relation to staff survey and recognition.

5.0 Retention Analysis Tool

- 5.1 To assist in being able to more proactively identify departments within the Trust where there may be a higher risk of staff turnover, a Retention Analysis Tool is being developed. The draft version is being shared with stakeholders to ensure the design is for purpose. The tool is being designed around a number of metrics linked to the Trust's key turnover trends alongside other key workforce metrics. The purpose of the tool is to provide an indication as to where retention may be an issue at department level, with the ability to compare data across a 2 year timeframe. The tool is designed to be used by the HR Business Partners, working with their Group leads to determine where significant problems may lie, the contributing factors and the interventions required.

6.0 Retaining Colleagues in Late Career

- 6.1 Work is progressing to revise the Trust's Retirement policy so that the ethos of the policy is around how we support people to work for longer through flexible retirement options, as well as how we support and recognise those that have decided it is time to retire. As part of this, the retire and return procedure is being reviewed to make it a more attractive option to retain experienced colleagues. The revised PDR process encourages staff and managers to have open conversations about retirement plans in order to be able to create succession plans and discuss options for working longer with individuals.
- 6.2 Changes to the NHS pension scheme will become effective in April 2022 meaning that the 1995 and 2008 pension schemes will be closed and all staff will transfer into the 2015 scheme. At this stage the Trust is still waiting on information from the NHS Pensions Agency regarding the impact this will have on those still in the 1995 and 2008 schemes that will transfer to the 2015 scheme (607 people). In the meantime, to support individuals to understand their pension options, as well as the flexible retirement options available, we will be re-launching the Pre-Retirement Seminars during August 2021. Given the complexities around pensions and flexible retirement, NHSE&I are currently developing some additional resources to better explain the benefits and flexibilities within the pension scheme, which we are awaiting in order to be able to further promote this within the Trust. Information on flexible retirement options is available on Connect and will be further refined and promoted in the coming months (pending clarification of the impact of the pension scheme changes).
- 6.3 The Trust's health and well-being support is available for all staff and the Trust has recently launched menopause awareness sessions which will also support this staff group.

7.0 Career Development

- 7.1 The new PDR process for 2021/22 has a focus on well-being and career aspirations. The information captured from this process will then be used to inform future talent management processes.
- 7.2 To support nurse retention and supply, the Corporate Nursing team are currently working on alternative career pathways into nursing, to include recruiting staff with no healthcare or clinical

background into support worker roles and then mapping their career pathway through to Nurse Associates and onwards to Registered Nurses or Midwives. In addition, work is taking place to look at the support required to advance into specialist clinical roles, management roles, education roles or into research. There are plans to work with the University of Wolverhampton to develop our own Clinical Fellowship Programme. Future recruitment plans are being adjusted to move to cohort recruiting of support staff to improve the support available whilst going through level 2 and 3 apprenticeships. This will also support the creation of a pipeline into Nursing Associate (NA) and Registered Nurse (RN) training. In addition, there have been a number of new apprenticeship programmes launched, allowing NA's to do a top up to become RN's; plus there are new degree apprenticeships for both Nursing and Midwifery which commence later this year, with a number of staff interested in joining these programmes.

- 7.3 Plans are being developed to increase the number of trained mentors in order to provide additional career support within the organisation, particularly to new starters, those mid-career who are changing career/role within the organisation and those from under-represented groups, as we know these groups often leave the organisation for career development reasons.
- 7.4 In addition, we will be looking at profession specific aspects of career development, particularly in areas that are hard to recruit. In relation to medical staff, we are looking to improve retention amongst Consultants, SAS Doctors and Junior Specialist Grade Doctors (JSDs) by enhancing our offering around wellbeing, on-boarding, engagement and career development. We are developing a Consultant Wellbeing Lead role and will be looking at the provision of something similar for SAS doctors and JSDs. We already have a Wellbeing Lead for doctors in training. In terms of SAS doctors we are looking to help their career development by assisting SAS doctors to obtain GMC Specialist Registration via the CESR route. We are looking to provide a more comprehensive support to the CESR programme and plan to appoint to a CESR Lead post to oversee this programme. JSDs have been a very useful resource since their creation 4 years ago. We are now creating more structured JSD rotations rather than ad hoc placements e.g. JSD Medical Rotations and JSD Surgical Rotations.

8.0 Flexible working

- 8.1 The Black Country and West Birmingham ICS Flexible Working Task & Finish Group was established in February 2020 as part of the NHS People Promise: "We work flexibly". The aim is to create a culture where flexible working is seen as an integral part of enabling a healthy work life balance, rather than an exceptional circumstance; for example through making flexible working available by default to all employees regardless of their role or length of service and by normalising flexible working conversations. The group has agreed a set of key principles for flexible working across the system, as well as some standard wording to be included in job adverts to encourage applicants to ask about flexible working. A promotional document has also been created, which sets out the benefits of working in the Health & Social Care sector within the Black Country region, the benefits and type of flexible working available, as well as case studies and videos to demonstrate how this can work well in practice. Phase 2 of the Task & Finish group will focus on the training and resources required to support managers in implementing this approach and to normalise it across the system (including building conversations into induction and PDRs).

8.2 As part of this work the Trust's flexible working policy is being reviewed to ensure it reflects the principles of the NHS People Plan and encompasses recent changes to NHS national terms & Conditions.

8.3 The new Working Carers Passport, which is designed to help working carers to access the flexibility and support they need in the workplace, is also being explored with a view to implementing this within the Trust.

9.0 Supporting New Starters - Improving Recruitment & On-boarding Experience

9.1 In view of the fact that a large proportion of our leavers have less than 2 years' service, a working group has been set up to review the new joiner experience through the recruitment, induction and on-boarding process. This will include how we promote the Trust in our adverts to incorporate our exciting offer around MMUH, improvements around time to fill and the streamlining of the induction process (such as the creation of a landing page on our website to serve as a single location to access the online induction materials).

9.2 Alongside this, we have developed an action plan which sets out how we are going to implement the 6 high impact recruitment actions for Equality, Diversity and Inclusion to inform a system-wide action plan for the Black Country region as part of the ICS People Board. The action plan includes the introduction of values based recruitment, aligned with the current review of the Trust Values; utilising Inclusion Advisors and Cultural Ambassadors to embed and support this area of work; development of people metrics linked to the Model Hospital data, WRES, WDES to help inform/set SMART targets; reviewing and strengthening the use of EDI representatives on recruitment panels; development of a talent management framework; reviewing policies and procedures with a view to address any potential bias and discriminatory practice; reviewing our Leadership Framework which will have a focus on compassionate and inclusive leadership and which will include the need to have open and honest conversations about race and inclusion.

9.3 To enhance the support for nursing colleagues in the early stage of their career, the Corporate Nursing team are reviewing the nurse preceptorship programme and considering the introduction of a mandatory preceptor programme.

10.0 Staff Experience

10.1 Staff engagement work is ongoing within Groups in relation to the 4 priority areas identified as from the national staff survey results. The new quarterly survey will also be launched in July 2021.

10.2 Staff well-being continues to be a key priority for the Trust, with well-being options being widely promoted and well-being conversations being central to this year's PDR process. The health & well-being offer is also being reviewed and enhanced at both organisation and system level. In addition, staff well-being is a focus within the Restoration and Recovery work stream. Following staff feedback, the Trust is introducing a weekly well-being hour for staff, support for team away days to allow teams to re-build and reconnect and is reviewing what further well-being and recognition options can be supported from the suggestions submitted.

11.0 Summary / Conclusions

11.1 In summary, work on the work streams aligned to the retention plan is ongoing, with progress being made across many areas. Leavers data from ESR and the Exit Survey will continue to inform the approaches adopted to improve staff retention, whilst utilising the support being made available at a regional and national level and collaborating within the regional ICS. The Integrated Workforce Analysis Tool will help to identify areas within the Trust that require targeted interventions, with the aim to develop a further dashboard to monitor progress.

12.0 Recommendations

12.1 The Trust Board is asked to:

- a) Note the update provided in this paper.

Annex 1: Leavers Analysis

Annex 2: Exit Survey Analysis

Frances Jackson
HR Business Partner
June 2021