

<b>To:</b>	Trust Board
<b>From:</b>	Helen Nicholson
<b>Date:</b>	31.8.18
<b>Healthcare standard</b>	

<b>Title:</b>	NHSI Nurse Retention Support Programme			
<b>Author/Responsible Director:</b> Helen Nicholson, Head of OD/Martin Rayson, Director of HR & OD				
<b>Purpose of the Report:</b> To update the Board on the Trust's Retention Plans as part of NHSI's Retention Direct Support Programme				
<b>The Report is provided to the Board for:</b>				
	Information	x	Assurance	x
<b>Summary/Key Points:</b>				
<ul style="list-style-type: none"> <li>• Staff engagement is a key plank of our 2021 Strategy enabled by the Trust's People Strategy. How we motivate, develop and retain our staff is central to successful delivery of that Strategy.</li> <li>• The Trust has been in cohort 3 of NHSI's 90 day Retention Direct Support Programme</li> <li>• The programme is jointly led by Debrah Bates and Helen Nicholson with Martin Rayson as SRO.</li> <li>• Governance is through the Nurse Retention and Recruitment group</li> <li>• The Workforce and OD Assurance Committee also had sight of our plans</li> <li>• The 90 day programme started in April 2018 and plans were submitted to NHSI on 4<sup>th</sup> July prior to which ULHT had a support visit from our assigned Clinical Lead, Sarah Chamberlain</li> <li>• Plans are now in delivery mode</li> </ul>				

- There are 4 programmes of work:
  - Understanding why staff leave
  - Improving development and career pathways
  - Improving flexible working
  - “Itchy feet” conversations
- Each project has a number of actions with milestones and a project lead
- Staff side are engaged and are supporting work streams

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## **Introduction**

Staff engagement is a key plank of our 2021 Strategy enabled by the Trust’s People Strategy. How we motivate, develop and retain our staff is central to successful delivery of that Strategy.

In March 2018 ULHT received an invitation to be in cohort 3 of NHSI’s 90 day Retention Direct Support Programme. The clinically led programme aims to increase Trusts’ focus on retention, provide Trusts with knowledge and tools to support retention and reduce variation across Trusts through targeted intervention. ULHT does not have a poor retention rate but it was deemed that we would still benefit from this additional support.

## **The programme**

The programme has been led locally by Debrah Bates and Helen Nicholson who attended the launch event on 5<sup>th</sup> April. This event gave us an excellent opportunity to understand what support was on offer and to hear from several other Trusts how they had gone about addressing their issues, giving us some great ideas for improvements.

From that date we had 3 months to develop and then submit our plans which we did on 4<sup>th</sup> July. Whilst the focus of the programme was nurse retention, as a Trust we were clear that any benefits we learned from receiving the support would be extended to all staff groups. There was not an expectation that plans would be implemented within 90 days and therefore each of our projects has varying timescales.

## **Developing our plans**

Central to developing our plans was engaging with our staff so that we had a proper understanding of the issues. In addition, we knew that like many Trusts, we had minimal data from exit interviews on why our staff leave ULHT.

In terms of staff engagement we had secured external funding to commission a report on staff retention. A key part of that was an anonymous survey which had over 160 responses. 88% of those who replied said we could do more to enable staff to stay, with two headlines as to why staff leave:

- Lack of development opportunities
- Lack of opportunity for flexible working/inconsistency of application of the flexible working policy

Both of these findings are supported by data from our pulse checks and national staff survey. We therefore had a rationale and a baseline to form our plans which were in line with what we had learned from other Trusts. A further area for exploration was to address our lack of data around why staff leave, where the hot spot areas are and why some staff leave very soon after leaving the organisation.

Finally, our experience at the launch event introduced us to “itchy feet” conversations which all had embraced and which we thought would be very valuable to us too. These are an opportunity for those staff who may be thinking of leaving to talk to someone who may be able to find a way to keep them.

Before finalising our plans, we had a supportive site visit from our NHSI Clinical Lead, Sarah Chamberlain, and we invited nursing colleagues to have discussions with her about retention.

## **Our plan**

We were guided by NHSI that our plans needed to be stretching but not so ambitious that we would never deliver them, and to focus on some key areas.

Our overall aim is to reduce turnover by 1% over the next 12 months. We intend to identify what the cost saving on this will be and also what this represents in terms of people rather than percentages.

To enable this to happen, we are focussing on the following four key areas:

### **1. We understand why staff are leaving**

*Actions to support this:*

- Opportunity to join a ULHT alumni/loyalty scheme
- Establishing ULHT brand
- Improved exit questionnaires
- Identifying hot spots
- Understanding why staff leave after being with the Trust a short time
- Understanding the impact of redeploying staff

*Progress to date:*

The first draft of a new exit questionnaire process is being consulted on within HR. The second draft will be circulated more widely in September.

An extensive piece of research has been conducted by Jennie Negus on staff moves and the impact this has. The report has been widely circulated and a stakeholder group will meet to discuss and progress the recommendations next month

We have identified those nursing staff who have left within 3, 6 and 12 months of joining the Trust and are contacting them to hear their stories.

Timescales/KPIs: These work streams will be completed by October 2018 and each has an associated KPI.

## **2. We offer better development opportunities and career pathways**

*Actions to support this:*

- Improved internal movement
- More opportunities for rotation
- More opportunities for insight days
- Inform staff of what opportunities there are especially around Talent Academy
- Staff awareness of development opportunities

*Progress to date:*

We have employed a Project Manager to focus and lead on the Career pathways work. She is working closely with Claire Flavell and Kerrie Linger so that we are able to present a coherent and positive picture to staff. Debrah Bates has already set in train rotations and internal movement and the Talent Academy also has made significant progress in this area

*Timescales/KPIs:* These work streams will be completed by December 2018 and each has an associated KPI

## **3. We have more consistency in flexible working including retire and return**

*Actions to support this:*

- Identify two ward areas to further pilot self-rostering
- Establish a process for doing retire and return
- Revisit pre-retirement workshops and advice to managers
- Develop role of legacy nurse
- Update and increase Managers awareness of flexible working policy with specific examples of implementation
- Establish clearing house approach which looks across Trust to accommodate flexible working requests rather than ward specific

*Progress to date:*

We are considering using additional HEE money to fund someone to focus on implementation of these schemes, in particular retire and return and legacy nurses.

*Timescales/KPIs:* These work streams will be completed by March 2019 and each has an associated KPI

#### 4. Opportunity for staff to have “itchy feet” conversations

*Actions to support this:*

- Identify independent individual(s) who can be approached and a process for staff to access support through a clinic

*Progress to date:*

Debrah Bates has invited a number of individuals to start work on process mapping this initiative – the group will meet in September.

*Timescales/KPIs:* This work streams will be completed by October 2018 and has an associated KPI

#### **Governance**

The programme is overseen by the Nursing Recruitment and Retention Group and programme leads will be held to account for delivery through this group.

#### **Summary**

We know that many of the issues within our plans are closely linked to our low staff engagement scores and this is supported by narrative feedback from staff in our pulse survey. We are committed to translating these ideas into actions and by so doing, not only retain and motivate the staff that we have, but also enhance our recruitment offer for our future staff.

<b>Strategic Risk Register</b>	<b>Performance KPIs year to date</b>
<b>Resource Implications (eg Financial, HR)</b>	
<b>Assurance Implications</b>	
<b>Patient and Public Involvement (PPI) Implications</b>	
<b>Equality Impact</b>	
<b>Information exempt from Disclosure</b>	
<b>Requirement for further review?</b>	