

**Trust Board Meeting**  
**12 February 2015**

<b>Title of the paper:</b>	<b>Staff turnover report</b>		
<b>Agenda item:</b>	<b>21/24</b>		
<b>Lead Executive:</b>	<b>Paul Da Gama, Director of Human Resources</b>		
<b>Author:</b>	<b>Ernst &amp; Young, Jonathan West, Associate Director of Human Resources, Heather Taylor, Human Resources Business partner</b>		
<b>Trust objective:</b>	Tick as appropriate: <input checked="" type="checkbox"/> Achieving continuous improvement in the quality of patient care that we provide and the delivery of service performance across all areas; <input type="checkbox"/> Setting out our future clinical strategy through clinical leadership in partnership and with whole system working; <input type="checkbox"/> Creating a clear and credible long term financial strategy.		
<b>Purpose:</b>	The purpose of this paper is to outline information regarding the drivers of turnover at West Hertfordshire Hospitals Trust (WHHT and remedial action plans in development		
<b>Previously discussed and date for further review:</b>			
<b>Committee</b>		<b>Date</b>	
TLEC		29 January 2015	
Workforce Committee		3 February 2015	
<b>Benefits to patients and patient safety implications</b> Having a properly resourced and high performing workforce is key to ensuring patient safety and excellent patient experience.			
<b>Risk implications for the Trust</b>		<b>Mitigating actions</b> (controls)	
<b>Links to Board Assurance Framework, CQC outcomes, statutory requirements</b> CQC Outcome 12, CQC Fundamental Standards			
<b>Legal implications</b> (if applicable) N/A			
<b>Financial implications</b> (if applicable)			
<b>Recommendations</b> (delete as appropriate) For information and assurance			



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**Staff turnover report**

**Presented by: Paul da Gama, Director of Human Resources**

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**1. Purpose**

- 1.1 The purpose of this paper is to outline information regarding the drivers of turnover at West Hertfordshire Hospitals Trust (WHHT) and to outline what recommended next steps to address these issues.

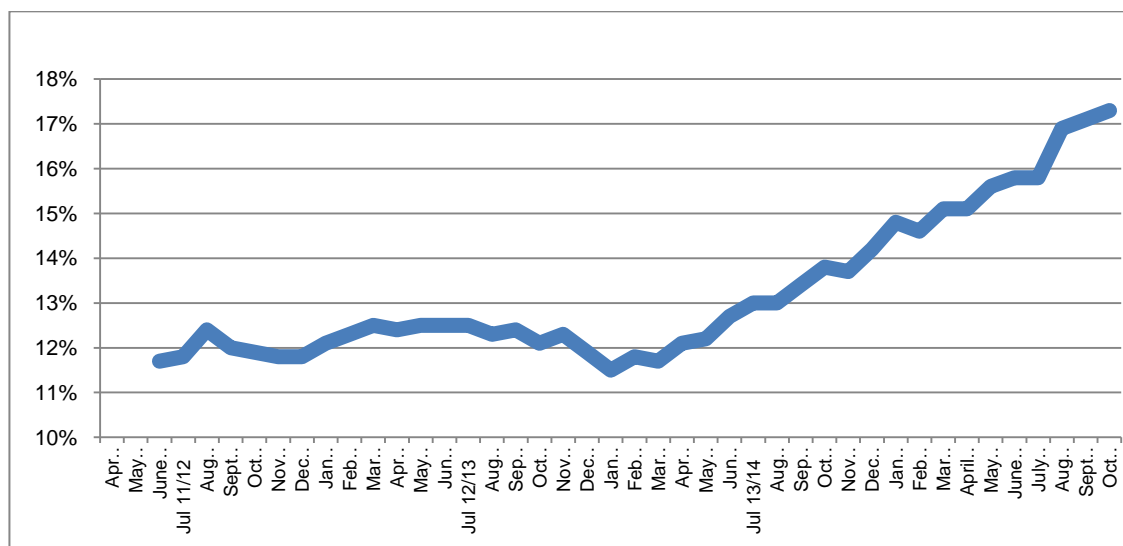
The five areas of focus of the paper include:

- Current turnover rates
- Approach taken to review reasons behind turnover
- Key findings
- Potential initiatives
- Recommended next steps

**2. Background**

- 2.1 West Hertfordshire Hospitals Trust (WHHT) is facing a significant financial challenge; the Trust is forecasting a deficit of £29m, with a projected spend on temporary staffing of £40m in FY14-15 and significant overspends against pay budgets in several areas e.g. maternity, theatres, A&E.
- 2.2 In October, there were 527.0 vacancies across the Trust and high staff turnover at an average of 17.3%. There were also pockets of much higher turnover in surgical wards, AAU, maternity, outpatients and amongst therapists.
- 2.3 Our turnover is the second highest amongst 80 benchmarked organisations across East of England, Yorkshire & Humber, the North East, Thames Valley, Wessex and the East Midlands. It has steadily grown from an average in 2012/13 of 12%.

**Figure 1: Labour Turnover Rates 2012/13 – 2014/15**



The tables below show a breakdown of turnover by Division and staff group, based on September 2014.

**Figure 2: Labour Turnover – by Division (Sep '14)**

Division	Labour Turnover
Corporate	19.1%
WACS	18.9%
Medicine	16.2%
Surgery	17.2%
Clinical Support	14.9%
Estates	21.4%
<b>TRUST AVERAGE</b>	<b>17.1%</b>

There is comparably low turnover in CSS and Medicine (though this is still higher than historic values). Surgery is performing in line with overall Trust average. All the other Divisions have high turnover (although a much smaller proportion of staff).

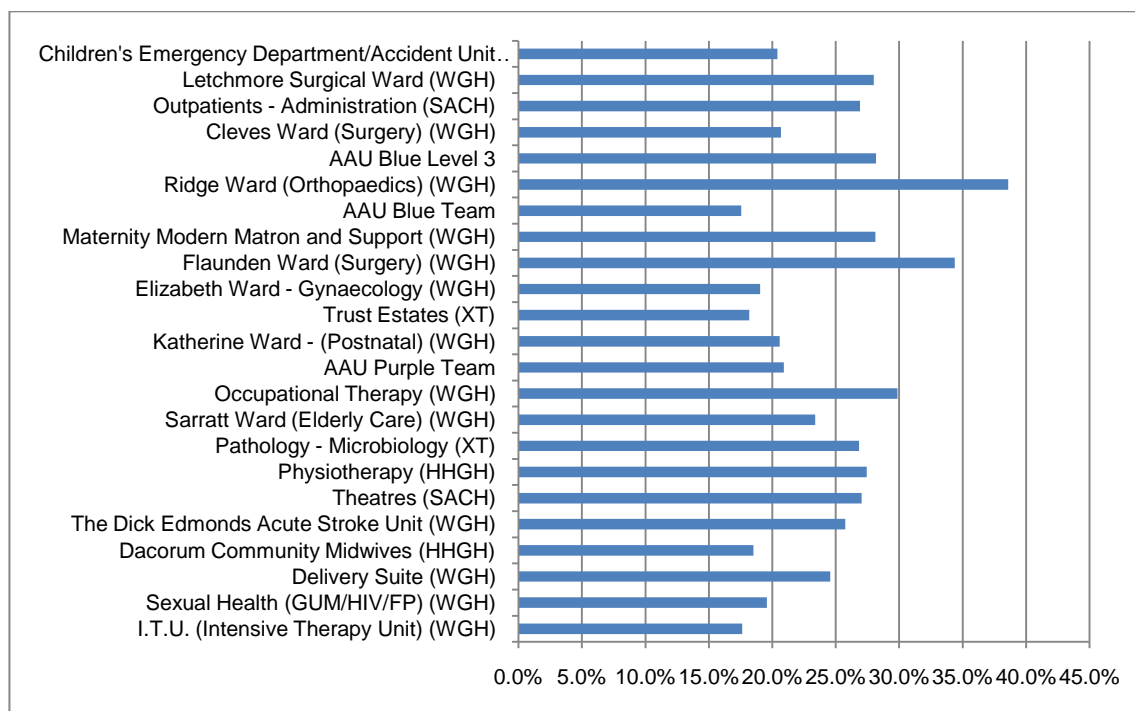
**Figure 3: Labour Turnover – by staff group (Sep '14)**

Staff Group	Labour Turnover
Add Prof Scientific and Technic	14.6%
Additional Clinical Services	15.9%
Administrative and Clerical	17.4%
Allied Health Professionals	15.6%
Estates and Ancillary	22.6%
Healthcare Scientists	15.6%
Nursing & Midwifery	17.5%
Students	80.0%

Within this there were hot spots in Bands 5 (21.4%) and 8 (24%).

Figure 4 below shows the departments with highest leavers – based on both turnover % (> Trust average) and total department headcount (> 25).

**Figure 4: Areas of Highest Turnover**



### 3. Summary of Approach

#### 3.1 Objectives

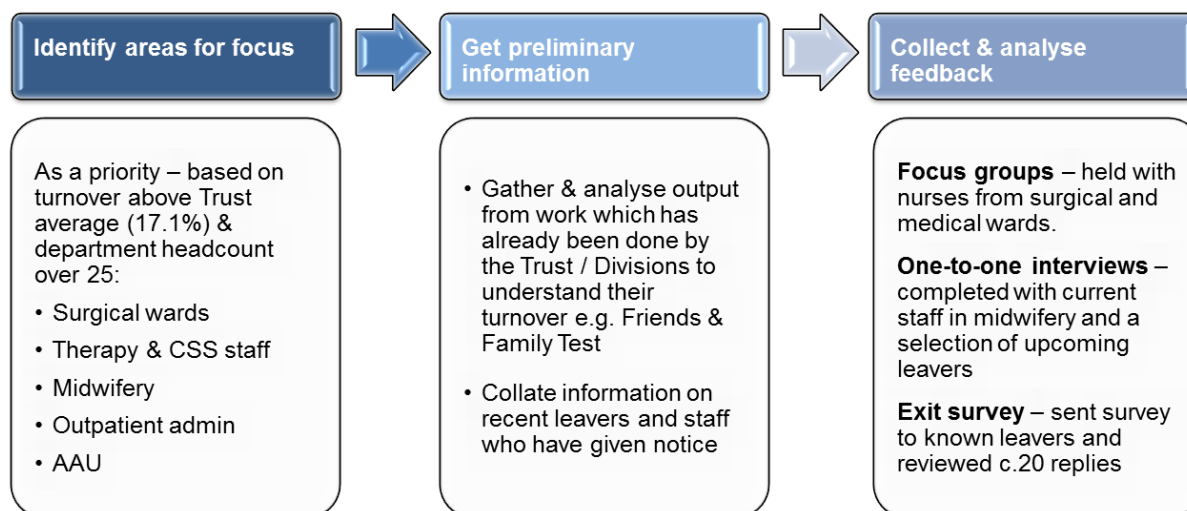
As part of the Recruitment & Retention Working Group, a piece of work was done to:

- 3.1.1 Determine driving factors of above average staff turnover at WHHT
- 3.1.2 Identify staff groups and departments with greatest turnover and prioritise areas for action
- 3.1.3 Scope initiatives to reduce level of turnover

#### 3.2 Methodology

- 3.2.1 Identify – Undertake analysis of turnover by staff group and department to establish detailed understanding of as-is position
- 3.2.2 Diagnose – Investigate reasons for high turnover using existing information collected (i.e. exist surveys) and undertake further investigation in the form of surveys and interviews of past and current staff. Prioritisation of Top 5 areas of staff turnover in diagnosis phase. The interview questions used in the focus groups / interviews / survey are included in the appendix.

**Figure 5: Overview of 'Diagnose' phase process**



- 3.2.3 Design – Work with Divisions to put forward initiatives to address root causes of high staff turnover based on outputs of the diagnose phase (i.e. training and development, career pathways, pay structures). Initial outcomes from this phase are presented in this paper.
- 3.2.4 Deliver – Go-live with initiatives, track and monitor impact on turnover and vacancy rates. This is expected to happen from January 2015 onwards.
- 3.2.5 Sustain – Ensure that appropriate mechanisms are in place to support the Trust in maintaining a lower turnover rate in future

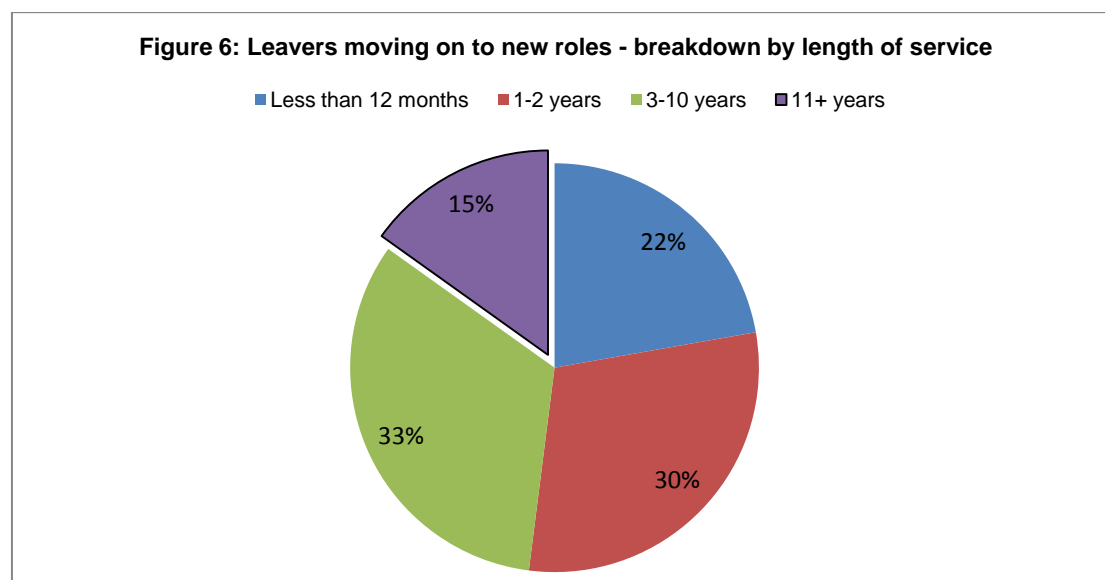
## 4. Initial Findings

### 4.1 Quantitative Analysis

Data was obtained for leavers from November 2013 – October 2014 and this provided the basis for some high level insight into turnover and potential drivers.

It should be noted that anecdotally HR Business Partners have been told people do not report the genuine reason for their decision to leave, so the statistics below may understate the opportunity we have to make an impact on our retention rates.

#### 4.1.1 Even loyal staff are starting to leave the Trust



There is growing evidence that even those loyal to the Trust are starting to leave. The pie chart below shows that of those staff going on to do other roles, 15% are long time employees (11+ years of service) and a further third have been with the Trust 3-10 years.

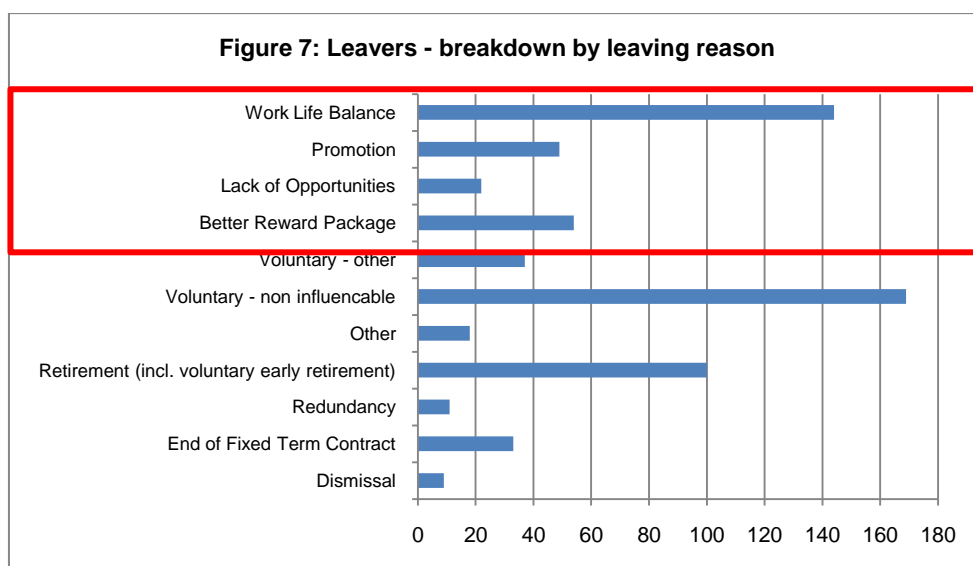
Interview feedback suggests that amongst this cohort, staff feel like their ideas are not listened to and they are not empowered to make changes within their departments (despite having a proven track record of past successful delivery).

This raises a concern about us losing local knowledge; we have to ensure we have proper succession planning in place or better still, work hard to identify dissatisfied, high performing long term staff early to see if they can be persuaded to stay.

#### 4.1.2 Over two fifths of staff leave for reasons potentially with the Trust's control e.g. work life balance and career progression<sup>1</sup>

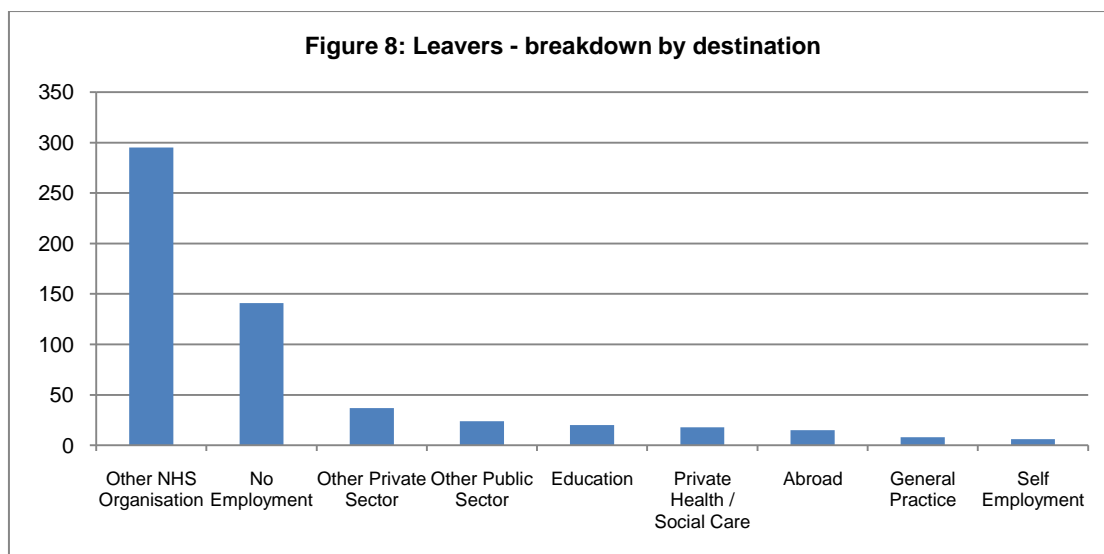
<sup>1</sup> Voluntary - non influencable: includes child / adult dependents, health, relocation

Retirement: includes voluntary early retirement, retirement due to ill health



41.6% of leavers left voluntarily for reasons which the Trust potentially could influence; 22.3% of state work life balance as their primary reason for leaving the Trust. It is likely that these figures underestimate the degree to which the Trust could impact turnover as it was found over 39 people who put they were retiring actually went on to work at another NHS organisation. This suggests we could do more to make it worthwhile / easier for people to work if they need certain arrangements in place to allow them to do so e.g. more flexible hours.

#### 4.1.3 The majority of leavers go to another NHS organisation



It is important to understand what tempts people to work at other NHS organisations, what exactly our “competitors” offer and to what extent these expectations are then met. It would also be useful to understand which of these people would consider coming back to work for us and keeping in contact with them.

Voluntary - other: no reason for leaving stated

Other: includes death in service, pregnancy, employee transfer (TUPE), mutually agreed resignation, promotion who then restarted

## 4.2 Feedback

To supplement the quantitative data, work was carried out to gather and analyse qualitative feedback. This was drawn from a variety of sources including:

- 800 written comments in the Q2 Friends & Family Test
- Discussions with Medical Ward Matrons as part of their weekly Recruitment Group
- Focus group with Surgical Ward Matrons & Sister
- Written feedback from Midwifery plus points raised in the A&C review focus groups

The comments were grouped into emerging themes which relate to different aspects of what is making people leave and what is keeping staff here. The summary tables below are for the Trust overall but equally applicable across the Divisions.

### 4.2.1 Reasons people stay

Few people articulated what at WHHT was making them stay and there wasn't such a broad range of issues covered. Positive comments were primarily around caring, supportive staff and the ability to deliver real patient centred care.

Radiology is a useful case study with very good retention in this area. Staff describe working in the department as being "with their family". They are encouraged to train and they undertake lots of social activities.

Reasons staff are staying	
OP department did a full review of working environment – had morale boost at the time (this now dates back a year)	Work Environment
	Personal Development / Career Progression
Good line managers who build personal confidence Better communication from the top	Senior Leadership & Line Management
Dedicated, committed, caring staff who go the extra mile	Team Environment & Resource
Best part of the role is involving patients & their families in decisions about care	Client Relationships & Quality of Service
Loyalty	Trust Culture
	Pay & Benefits
	Work-life balance

### 4.2.2 Reasons people leave

The feedback supports the high level analysis; high workload and stress are key drivers of turnover. This is further exacerbated by a lot of temporary staff which leads to permanent staff feeling underappreciated and having to pick up additional tasks. Whilst reasons for leaving may be formally reported as 'work life balance' or 'relocation' the overriding factors reported less formally are of 'relentless pressure', 'decreasing sense of teamwork because there are so many (transient) temporary or agency staff on shifts', and 'varied experiences of leadership and support'. There have been issues raised across the board in terms of estates, lack of opportunities for career progression & development and no clear clinical strategy from senior leadership but rather day to day "fire-fighting".



Whilst there have been some steps already taken to improve the situation e.g. shortened time taken to between job advert and person in post from 100+ to 85 days, further intervention is needed to reverse our turnover trend.

Reasons staff are leaving	
<b>Work Environment</b>	Poor state of facilities – unsafe, rundown, not conducive to rest & relaxation Lack of space Could do more to make a Hemmel a proper community centre
<b>Personal Development / Career Progression</b>	Long time taken to recruit Lack of training / step up opportunities
<b>Senior Leadership &amp; Line Management</b>	Don't feel listened to Lack of support or even bullying No vision for services – focus purely on day to day, quick fix rather than long term planning Large number of interims / frequent change Need higher visibility of Exec team
<b>Team Environment &amp; Resource</b>	Under resourced, high amount of temporary staffing Poor morale
<b>Client Relationships &amp; Quality of Service</b>	More could be done if more staff – at the moment lack time with patients Variation in delivery
<b>Trust Culture</b>	Need better communication between departments Onion is a good idea – but not in the way it currently works
<b>Pay &amp; Benefits</b>	People don't feel valued – especially established staff whose local knowledge isn't being tapped into. Want genuine thanks – from direct managers Pay – esp. given recent nurses strikes
<b>Work-life balance</b>	A lot of pressure, staff "exhausted" People can't take breaks e.g. reduced attendance at Health & Wellbeing Events More work (paperwork, meetings) unclear on priorities

#### 4.3 Action to reverse the turnover trend

In the context of the information above, and to reflect the need to achieve a critical mass of substantively employed staff, it is now important for the Trust to focus attention on both recruitment and retention issues in order to reverse the turnover trend. This, in turn, will enable services:

- a. to build resilience
- b. to ensure quality and continuity of care for patients and
- c. to significantly reduce reliance on premium rate agency and locum staff and associated costs

Importantly, there are many factors contributing to the Trust's R&R challenges; some of which are within the control of the Trust and divisions (eg improving working environment, enhancing leadership capacity, review of recognition and reward mechanisms, and providing support and development for staff), and others less so (eg proximity to London, marketing incentives being offered elsewhere).

Within this challenging context, immediate action is being taken to develop detailed corporate and divisional R&R plans designed to support achievement of measurable improvements.

The first phase of work (over the next month) will be focussed on development of the plans and related timelines. Work has already commenced on identifying key activities that will likely feature in the plans across the following themes:

- Branding and creative recruitment
- Training and OD (support to existing staff and new recruits)
- Roles and working arrangements (eg rosters / rotational opportunities)
- Recognition and Reward (incentives for joiners and existing staff)
- Communication and Staff engagement

An outline plan for immediate and mid term action is shown below. The initial actions proposed will be taken over the next month including development of the more detailed corporate and divisional plans for April 2015- March 2016 which will be presented to the next Workforce Committee.

OUTLINE RECRUITMENT AND RETENTION PLAN JANUARY 2015 – MARCH 2016						
Activity	Owner	Jan-Mar 15	April-June 15	July – Sept 15	Oct – Dec 15	Jan – Mar 16
EARLY ACTION						
Develop divisional and corporate services’R&R plans including trajectories	HRBPS	Jan 15				
Develop central R&R plan (including trajectories) to dovetail divisional plans	JW	Jan 15				
Convene Trust wide R and R group with staff side representation as appropriate	PDG	Jan 15				
RECRUITMENT - WORK IN PROGRESS						
Continue fortnightly nurse and HCA cohort assessments (NHS Jobs)	KMcG	ONGOING - Target 80% shortlist to conversation – 6 candidates per assessment recruited				
Bespoke nurse recruitment open day events	RecTeam	JAN	TBA	TBA	TBA	TBA
West London Recruitment Fair target HCAs (and other Fairs across year)	RecTeam	JAN	TBA	TBA	TBA	TBA
International nurse recruitment campaign	JW/Corp Nursing	Business case and prep	Activity	Activity	Ongoing integration activities – international recruits and existing team members	
Proportional activity for student nurse to qualifier recruitment	HON/Corp nursing	Develop campaign	Campaign implementation	Orientation		
Campaign to recruit all students to HCA Bank and to encourage substantive staff to join bank (including ongoing incentive payments if considered appropriate)	HON/JW	Campaign design and implementation	ONGOING			
Develop targeted HCA recruitment campaign and Return to Practice	RecTeam	Plan Campaign	Implement campaign		Evaluate success and ongoing	

for work returners				activity as appropriate		
Roll out Values Based Recruitment – all roles	RecTeam /Divisional recruiters	BY AND MARCH	Ongoing			
RETENTION – WORK IN PROGRESS						
Expand TOR / Membership divisional nurse groups to embrace full R&R agenda and staff representation as appropriate	RecTeam/HON/Corp Nursing	JAN DEADLINE				
<b><i>DIVISION SPECIFIC:</i></b>						
Develop rotational opportunities for existing staff/future staff in and out of ‘pressured’ areas	HON/H RBP	BY END MARCH				
Develop and roll out bespoke package staff support and (physical and mental health) wellbeing activities that recognise pressures specific to division	BLH/HON/HRBP	Develop Plans	Implement Plans	Ongoing intervention activities		
Develop alternative roster patterns and related team based rostering – In partnership with staff and staff side as appropriate	HON/H PBP / Clinicians (Nursing and Drs)	Develop Plans (Nursing and Medical)	Consult on plans	Implement plans		
Develop divisional orientation support programme months 1-12 employed (using Practice Educator roles)	HON/Corp Nursing	Develop Plans	Implement Plans	Ongoing intervention activities		
Prioritise attendance at DO Leadership programme for areas of urgent need	DMs/HRBP/HON	JAN	Ongoing			
<b><i>WITH CORPORATE SUPPORT</i></b>						
Develop, promote and implement specific pathways to support HCAs into professional training (Bands 1 thru to 5)	JB/HON/Corp Nursing	Develop Plans		Implement Plans		
Develop R&R incentive schemes (including premia, and revised start point salaries, if considered appropriate	JW	Develop Plans		Implement Plans		

## **5. Recommendation**

For information and Assurance

**Paul da Gama**

Director of Human Resources

February 2015