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| Document Title: | Plans to reduce voluntary turnover |
| Committee or Meeting: | Trust Board |
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Introduction

The monthly Workforce board reports have highlighted an increase in the turnover rate in a 12-month period from 13.14% to 16.52¹% against a target of an overall turnover rate of 13% and a voluntary turnover rate of 10%; voluntary turnover is currently 13.12%. Although benchmark information against comparable London trusts indicates that the trust is not an outlier, the increase in turnover is of particular concern as the Trust moves into a period of considerable clinical expansion creating the need for more staff. A higher level of demand coupled with an increased turnover rate may have an adverse impact on our ability to open new capacity, and potentially affect the quality of service we are able to provide. This has been identified as a significant risk to the trust.

Historically it has been difficult to identify themes in the reasons for leaving but access to exit questionnaire data for the period April to September 2014 provides some insight into the key issues influencing reasons for leaving, and helps to identify the issues that we can address in order to encourage staff to stay with the Trust. This paper summarises the key findings from the exit questionnaires and outlines the actions that are already underway to address the increase in turnover. These are set out in the *Workforce Strategy and Survey Action Plan 2014*, and are designed to improve staff engagement and over time this will have a positive effect on reducing turnover. Progress against the plan is regularly reviewed by the Workforce and Education Committee.

Key Reasons for Leaving the Trust

In April 2014, the trust introduced an online exit questionnaire that is sent to all non-medical leavers. The report for leavers in the period April to September 2014 provides some insight into why staff leave the Trust. The overall number of returned questionnaires for the period was 115 (return rate of 38%), and some caution is needed when drawing conclusions from the results for each question. The results separate out leavers who left the organisation for reasons other than dissatisfaction with the Trust (“happy leavers”) and those who left the Trust because they were dissatisfied with the organisation for a range of reasons (unhappy leavers). Although some of the results are disappointing, overall, 77% of all leavers would recommend the Trust as a place to work and 76% would work for the Trust again. The reports contain some positive results, and indicate that staff are not leaving because of any concerns about serious clinical mistakes or unethical practices within the Trust (appendix 1). A high level overview of responses to the factors that influence engagement and organisational commitment is provided at appendix 2.

Respondents answered a series of questions on their views about working for the Trust and the degree to which this influenced their decision to leave. The top five reasons for leaving are set out in the tables below for all respondents, unhappy leavers and happy leavers. The

¹ September 2014 Workforce Board Report

results for Registered Nurses and Midwives are included as this staff group had the highest number of respondents. There is a high degree of commonality in the top five key reasons, with lack of promotion opportunities featuring for all groups.

Tables 1-4: Top Five Reasons for leaving
(percentage of staff who selected this as one of their key reasons for leaving).

Table 1: All leavers

| | | |
|---|--|----|
| 1 | Poor communication by senior management | 31 |
| 2 | Lack of promotion opportunities | 30 |
| 3 | Low morale | 30 |
| 4 | Management did not act in the interests of staff | 30 |
| 5 | Poor work-life balance | 26 |

Table 2: Unhappy leavers

| | | |
|---|--|----|
| 1 | Low morale | 55 |
| 2 | Poor communication by senior management | 55 |
| 3 | Management did not act in the interests of staff | 54 |
| 4 | I did not feel valued by the Trust | 50 |
| 5 | Lack of promotion opportunities | 45 |

Table 3: Happy leavers

| | | |
|---|---|----|
| 1 | Inadequate level of pay | 17 |
| 2 | Lack of promotion opportunities | 15 |
| 3 | Lack of opportunities to gain new qualifications | 15 |
| 4 | Unclear as to how to progress within the organisation | 14 |
| 5 | Poor work-life balance | 14 |

Table 4: Registered Nurses and Midwives

| | | |
|---|------------------------------------|----|
| 1 | Poor work-life balance | 33 |
| 2 | I did not feel valued by the Trust | 31 |
| 3 | Lack of promotion opportunities | 26 |
| 4 | Inflexible working arrangements | 26 |
| 5 | Job too stressful | 26 |

Initial conclusions

The current workforce strategy and staff survey action plan is derived from the workforce strategy and divided into three sections:

- Organisation development including
 - Divisional governance
 - Values
 - Leadership development
 - Engagement
- Systems and processes including
 - Efficiency and productivity of the workforce
 - Internal (workforce department) processes
- Size and shape
 - Learning and development
 - Planning the workforce.

Focus is on ensuring that the working environment is positive with enhanced levels of line management engagement.

In this context, the available analysis of the 'happy leavers' is of particular interest in that it suggests that greater focus on ensuring that plans for enhanced appraisal, succession planning and talent management would yield positive results in reduced staff turnover. Previously it was assumed that turnover was largely being driven by negative 'push' reasons and there has been less focus on positive 'pull' responses to turnover.

- **Opportunities for Promotion**

All categories identified lack of promotion opportunities as one of the top 5 key reasons for leaving. On average we appoint to 1,200 non-medical posts each year so there are promotion opportunities available for some staff. Recruiting managers have an option of advertising vacancies internally in the first instance but almost all managers decide to advertise externally. We will explore with managers adopting a standard approach of advertising internally in the first instance so that we promote from within before advertising externally. This will not be suitable for all vacancies but will help to ensure that members of staff have a good opportunity of being promoted internally. We also need to ensure that processes for internal recruitment are simplified.

It is already planned to enhance the appraisal system to explicitly include a discussion with employees about their career aspirations, professional development and how they can be prepared for their next role in the organisation. This will be coupled with the introduction of a rating system based on delivery of objectives and behaviours and will form the basis for the identification of future talent. The aim will be to encourage staff to stay with the organisation, and to assist them in this through appropriate development and a career pathway. Some roles in the organisation are suited to internal rotation programmes, especially at band 5 entry grades for professional groups. The Corporate Nursing team is developing a scheme to encourage nursing staff to stay with the organisation rather than leaving to gain experience elsewhere.

- **Strengthening Line Management**

The questions in the exit questionnaire on management/staff relations test whether the relationship is founded on mutual respect, and whether the respondents felt they could depend on support and feedback from their manager. These results are markedly more negative for unhappy leavers.

Table : Relationship with Line Manager as a Key Reason for Leaving by Category

| | All (%) | Happy (%) | Unhappy (%) |
|--|---------|-----------|-------------|
| Poor relationship with supervisor/manager | 15% | 2% | 29% |
| Unfair treatment (discrimination) by supervisor/manager | 13% | 2% | 25% |
| Lack of support for supervisor/manager | 21% | 3% | 39% |
| Incompetence of supervisor/manager | 16% | 2% | 30% |

Good working relationships between staff and managers have a significant effect on the engagement of staff in the organisation. We have increased the support available to the Divisions to coach managers on handling staffing issues to create an improved culture of working between managers and staff. All new line managers are invited to a session with Workforce Directorate representatives to highlight how they can access support when dealing with staffing issues.

One of our key measures from the Workforce Strategy is to achieve 85% appraisal rates throughout the organisation so that staff feel appreciated in their roles and their development needs can be addressed. The appraisal rate currently stands at 82%. The appraisal procedure is being reviewed and an improvement in the quality of appraisals should lead to improved productivity through better staff/management communication of performance expectations and a link between reward and performance. The first stage of linking pay to performance was implemented in September 2014 and will be rolled out to bands 5-7 from April 2015. An engagement session will take place on 12th November to consult staff on the proposals.

- **Harassment and Bullying**

Although harassment and bullying does not feature in the top five reasons for leaving, it is cited as a key or minor reason for leaving by 30% of “unhappy leavers” compared to 8% of happy leavers and 20% of all leavers.

Table 5: Percentage of respondents who cited harassment or bullying by staff as a key reason for leaving

| Respondent Group | % |
|------------------|-----|
| All respondents | 20% |
| Happy leavers | 8% |
| Unhappy leavers | 30% |

The issue of harassment and bullying has been identified through our staff survey for several years, and a significant amount of work has already been undertaken to address this issue. Our *Harassment and Bullying helpline* has been re-advertised and new publicity materials published to highlight the need for all staff to consider the impact of their own behaviour on their colleagues. The Executive Management Team reinforced the message that harassment and bullying in the workplace is not acceptable and that this behaviour will be addressed regardless of the status of the person in the organisation.

The *Workforce Strategy and Staff Survey Action Plan* has identified our target of moving out of the lowest 20% of Trusts for scores on bullying. In September the Executive Management Team supported the recommendations in a paper on actions that we need to take to address the negative experience of staff from Black and Minority Ethnic (BME) Groups in the workplace. A programme of *Unconscious Bias* training for managers at band 8a and above has trained 300 managers and has been well received by participants. A modified version of the training will be provided to frontline managers in bands 6 and 7 over the next 12-18 months.

- **Nursing**

The Recruitment and Retention scheme in theatres and will be monitored over the next 18 months in order to judge its effectiveness, and at present there are no plans to extend this scheme to other specialties.

The corporate nursing team is developing a retention strategy for nursing and midwifery staff which includes:

- Increase the numbers of mentors available to support new staff
- A formal ward / department induction process for all new starters to the organisation to be standardised across the trust.
- Review preceptorship and competency booklets
- Agree a career development structure for band 5 nurses (to link to initial induction process above) over two years
- Review induction and nurse induction programme
- Agree a corporate induction programme for band 6, 7 and 8a nurses.
- Agree a process for Trust staff who want to move between specialties without having to apply through NHS jobs

- **Responses from divisions**

Some specialties have already identified the need to reduce turnover and have put in place actions plans to address particular problems. For example, Mary Seacole Ward developed a local action plan in response to the staff survey by introducing suggestion boxes on the ward and discussed career opportunities on the ward to retain staff. This will be followed by a road show in October 2014 to review performance against the action plan.

Theatres have introduced some retention initiatives which include:

- Payment of a Recruitment and Retention Premium to bands 5 & 6
- Payment of an enhanced bank rate to bands 5,6, & 7
- The ATP (band 2) consultation aimed at making the role more rewarding.
- Rotation of staff through different theatres
- The development of the anaesthetic nurse role

- In preparation for the increased need for overseas nurses, prepare funding and planning of return to practice courses / adaptation courses.
- An improved approach to succession planning

Conclusion

The information from the Workforce Board reports has identified that the turnover rate has increased over the last 12 months. The Workforce Strategy agreed by the Board early this year included initiatives that will increase employee engagement and help to reduce the turnover rate. The exit questionnaire results have identified some key issues that we need to address and by improving the quality of staff management and internal opportunities for promotion we will increase the likelihood that staff will stay with the organisation.

APPENDIX 1: Top relative strengths of the organisation

(Green = percentage for whom this is not a reasons for leaving)

All staff

| | | |
|---|--|----|
| 1 | Harassment or bullying by patients/members of the public | 92 |
| 2 | Serious clinical mistakes | 92 |
| 3 | Unethical business practices by the organisation | 87 |
| 4 | Lack of independence in carrying out the job | 86 |
| 5 | Lack of job security | 85 |

Happy leavers

| | | |
|---|--|----|
| 1 | Harassment or bullying by patients/members of the public | 98 |
| 2 | Serious clinical mistakes | 98 |
| 3 | Job not as advertised or described during recruitment | 97 |
| 4 | Unethical business practices by the organisation | 97 |
| 5 | Did not find the job meaningful | 95 |

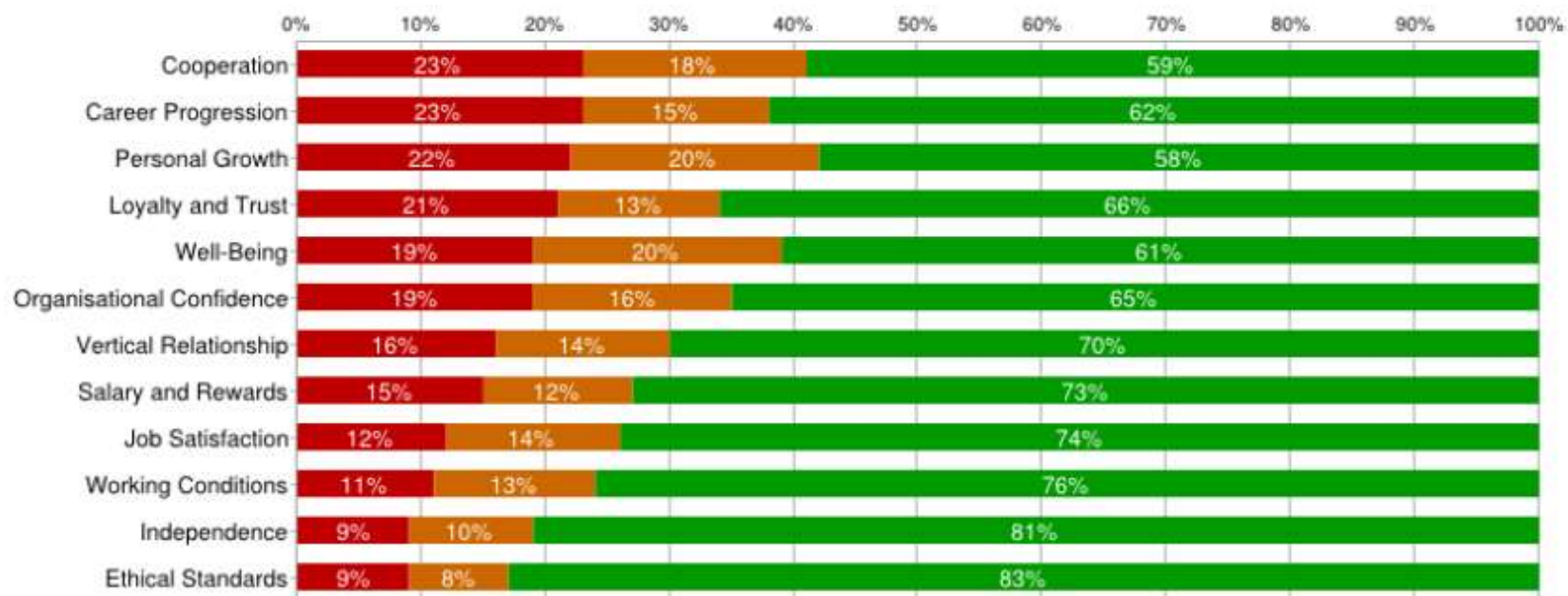
Unhappy leavers

| | | |
|---|--|----|
| 1 | Harassment or bullying by patients/members of the public | 86 |
| 2 | Serious clinical mistakes | 86 |
| 3 | Lack of job security | 79 |
| 4 | Lack of independence in carrying out the job | 79 |
| 5 | Unethical business practices by the organisation | 77 |

Registered Nurses and Midwives

| | | |
|---|--|----|
| 1 | Unethical business practices by the organisation | 93 |
| 2 | Lack of belief in the purpose of the organisation | 90 |
| 3 | Harassment or bullying by patients/members of the public | 90 |
| 4 | Serious clinical mistakes | 90 |
| 5 | Lack of job security | 86 |

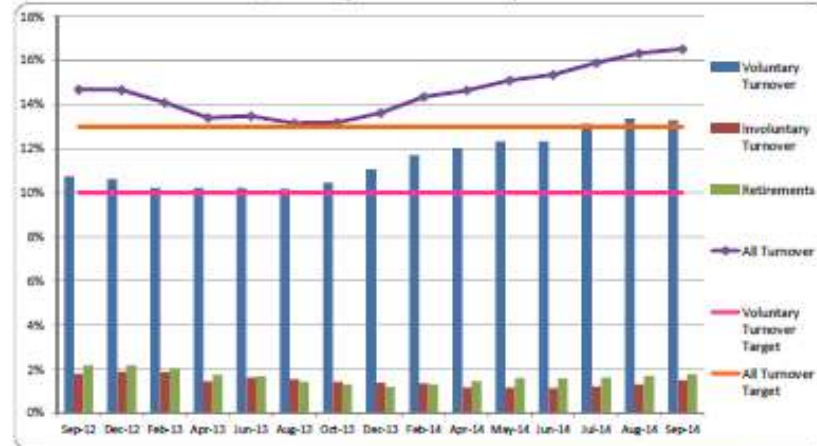
APPENDIX 2: Satisfaction with the twelve work related areas known to influence employee engagement and organisational commitment ranked in order of dissatisfaction.



Turnover (September Workforce Board Report)

SECTION 2: TURNOVER

The chart below shows turnover trends, the tables by Division and Staff Group are below:



COMMENTARY

The total trust turnover rate has been increasing over the last year by 3.1% in total to 16.5% which is well above the current target of 13%. In the previous 12 months there were around 1141 WTE leavers. This increase is mainly attributable to an increase in voluntary leavers. The most recently available benchmarking data from the NHS Information Centre iView tool shows the Trust's turnover rate to be in line with other comparable large teaching trusts in London.

The Children, Women's and Diagnostic Division has seen the largest percentage increase in voluntary turnover since September 2013 (a 5.2% increase), along with the Healthcare Scientist and Additional Clinical Services staff groups at 6.7% and 5.2% respectively.

After recent performance reviews, each Division is developing plan and target trajectory in response to the increase in turnover rates. One action point agreed is to investigate the reasons for leaving through promoting the increased take up of online exit questionnaires and face to face interviews.

The 5 care groups currently with the highest voluntary turnover rates are shown in the bottom table. This includes care-groups with more than 20 staff only. Divisional HR Managers are working with divisions to tackle any issues within these areas.

| Division | All Turnover | | | | Trend |
|--------------------------------|--------------|---------|---------|---------|-------|
| | Jun '14 | Jul '14 | Aug '14 | Sep '14 | |
| C&W Diagnostic & Therapy | 17.6% | 17.8% | 18.1% | 18.6% | ↗ |
| Community Services | 15.0% | 16.5% | 17.1% | 18.0% | ↗ |
| Corporate | 15.4% | 15.3% | 15.5% | 15.6% | ↔ |
| Estates and Facilities | 6.8% | 8.2% | 7.2% | 8.7% | ↗ |
| Medical & Cardiothoracic | 17.1% | 17.1% | 17.7% | 16.8% | ↘ |
| Surgery, Neurosciences & Anaes | 12.9% | 13.3% | 13.6% | 14.6% | ↗ |
| SWL Pathology | 11.9% | 13.8% | 15.5% | 12.1% | ↘ |
| Whole Trust | 15.4% | 15.9% | 16.3% | 16.5% | ↗ |

| Staff Group | All Turnover | | | | Trend |
|----------------------------------|--------------|---------|---------|---------|-------|
| | Jun '14 | Jul '14 | Aug '14 | Sep '14 | |
| Add Prof Scientific and Technic | 15.9% | 15.9% | 15.7% | 16.3% | ↗ |
| Additional Clinical Services | 14.2% | 16.3% | 17.5% | 18.5% | ↗ |
| Administrative and Clerical | 13.7% | 14.0% | 14.4% | 14.2% | ↔ |
| Allied Health Professionals | 17.6% | 17.6% | 17.4% | 18.2% | ↗ |
| Estates and Ancillary | 5.6% | 6.8% | 8.0% | 10.1% | ↗ |
| Healthcare Scientists | 11.9% | 13.6% | 14.1% | 15.0% | ↗ |
| Medical and Dental | 11.4% | 12.5% | 13.6% | 13.1% | ↘ |
| Nursing and Midwifery Registered | 17.6% | 18.0% | 18.5% | 18.3% | ↘ |
| Whole Trust | 15.4% | 15.9% | 16.3% | 16.5% | ↗ |

| Division | Voluntary Turnover | | | | | Other Turnover Sep 2014 | |
|--------------------------------|--------------------|---------|---------|---------|-------|-------------------------|------------|
| | Jun '14 | Jul '14 | Aug '14 | Sep '14 | Trend | In-Voluntary | Retirement |
| C&W Diagnostic & Therapy | 13.9% | 14.1% | 14.4% | 14.2% | ↔ | 2.6% | 1.9% |
| Community Services | 11.9% | 13.1% | 13.3% | 13.6% | ↗ | 1.9% | 2.4% |
| Corporate | 13.3% | 13.6% | 13.3% | 13.9% | ↗ | 0.7% | 1.1% |
| Estates and Facilities | 4.5% | 5.8% | 4.8% | 5.8% | ↗ | 0.5% | 2.4% |
| Medical & Cardiothoracic | 15.2% | 15.1% | 15.5% | 14.6% | ↘ | 0.6% | 1.6% |
| Surgery, Neurosciences & Anaes | 10.5% | 10.9% | 11.2% | 12.1% | ↗ | 1.1% | 1.4% |
| SWL Pathology | 10.3% | 11.5% | 12.8% | 10.3% | ↘ | 0.3% | 1.6% |
| Whole Trust | 12.6% | 13.1% | 13.4% | 13.3% | ↔ | 1.5% | 1.7% |

| Staff Group | Voluntary Turnover | | | | | Other Turnover Sep 2014 | |
|----------------------------------|--------------------|---------|---------|---------|-------|-------------------------|------------|
| | Jun '14 | Jul '14 | Aug '14 | Sep '14 | Trend | In-Voluntary | Retirement |
| Add Prof Scientific and Technic | 12.4% | 12.3% | 12.1% | 11.3% | ↘ | 4.1% | 0.9% |
| Additional Clinical Services | 12.3% | 14.5% | 15.6% | 16.4% | ↗ | 1.0% | 1.2% |
| Administrative and Clerical | 10.5% | 11.0% | 11.2% | 11.3% | ↔ | 0.8% | 2.1% |
| Allied Health Professionals | 16.6% | 16.4% | 16.2% | 16.7% | ↗ | 0.4% | 1.1% |
| Estates and Ancillary | 3.9% | 5.1% | 5.8% | 7.4% | ↗ | 0.6% | 2.1% |
| Healthcare Scientists | 9.8% | 10.7% | 10.8% | 11.3% | ↗ | 1.5% | 2.2% |
| Medical and Dental | 6.0% | 6.8% | 7.0% | 7.0% | ↔ | 4.6% | 1.5% |
| Nursing and Midwifery Registered | 15.1% | 15.4% | 15.8% | 15.4% | ↔ | 0.7% | 2.2% |
| Whole Trust | 12.6% | 13.1% | 13.4% | 13.3% | ↔ | 1.5% | 1.7% |

| Caregroup | Staff in Post WTE | Leavers WTE | Voluntary Turnover Rate |
|-----------------------------|-------------------|-------------|-------------------------|
| Dermatology & Lymphoedema | 24.3 | 8.6 | 36.2% |
| Information Directorate | 34.6 | 11.7 | 31.9% |
| Dentistry | 43.2 | 7.6 | 24.4% |
| Inpatient Care Older People | 52.6 | 11.7 | 24.2% |
| Therapies | 246.8 | 58.0 | 23.5% |