Ashford and St. Peter's Hospitals
NHS Foundation Trust

Council of Governors
5th September 2018

TITLE	**Recruitment of Staff and Actions from National Staff Survey**
Executive Summary	This paper sets out a summary of our approach to addressing the recruitment challenges within our registered nursing and midwifery workforce. It briefly describes the context and factors affecting the Trust and actions taken to date. It also sets out six key priorities which the Trust is progressing in order to improve the current situation. These are: 1. A refresh of the recruitment targets and a reset of the Hire Ahead target & Recruitment Calendar. 2. Building a new recruitment brand using targeted social media advertising with marketing expertise bought in. 3. Remodelling of skill mix, introduction of Band 4 roles and fast track to Band 6 roles. 4. Change in focus, structure and approach within the Trust's in-house recruitment team. 5. Dedicated on boarding support resource for N&M from student through to first few years as registered nurse. 6. Continuation of retention improvement programme. The paper also describes the key actions taken in response to the National Staff Survey 2017, including focus on: 1. Appraisals 2. Staff working extra hours 3. Violence and aggression 4. Bullying and harassment
The Council is asked to:	To note
Submitted by:	Louise McKenzie, Director of Workforce Transformation
Date:	September 2018
Decision:	To note

Paper 7.6

ADDRESSING OUR RECRUITMENT CHALLENGES FOR NURSING & MIDWIFERY

UPDATE ON ACTIONS RESPONDING TO ANNUAL STAFF SURVEY

5TH SEPTEMBER 2018

INTRODUCTION

1. This paper sets out a summary of our approach to addressing the recruitment challenges within our registered nursing and midwifery workforce. It also describes the key actions taken in response to the National Staff Survey 2017, which was published in March 2018.

RECRUITMENT CHALLENGES

2. There are a number of issues contributing to our current recruitment challenges. These include:

    - Qualified Nursing & Midwifery establishment has increased by 10% since 2014, but staff in post has reduced by 3%, current vacancies at 22%
    - Proportion of staff leaving in first 12 months is high (one third of leavers with less than 12 months service, 9% less than 3 months service)
    - Recruited actively in UK/EU/Outside EU since 2014, offers at the Hire Ahead target of 255 wte per year made BUT conversion rate to actual starters has been no more than average of 140 wte per year

    - Recruitment has been challenging:

        - Recruitment from Europe has diminished in the last 1-2 years (87% decrease in EU nurses registering with the NMC between July16 and July17)
        - Recruitment from the UK has reduced with the number of registered staff attending our bi-monthly recruitment events reduced from 40-50 per event to 10-20
        - Numbers of student nurses has dropped significantly since the removal of the bursary - Surrey University have reported in 2018 that applications are down by 50%
        - The Trust pays a 5% fringe allowance for the cost of living near to London, but this is much lower than the 15% and 20% paid to NHS staff working within the M25. The high cost of living in Surrey drives new graduates to move further away from Surrey.
        - The time to hire from outside EU (Philippines, India) has been delayed due to changes to IELTs – English Language test (9-12 months from offer to arrival in UK)

ACTIONS PROGRESSED TO DATE

3. In order to address this the Trust has made progress in a number of areas including:

    - Introduced safer staffing policy in 2016 to meet safe staffing guidelines in wards and clinical areas, resources are deployed effectively; introduced escalation procedures in order to ensure effective deployment takes place, and that mitigation is considered on a daily basis against acuity to provide safe patient care.
    - Developed Nursing & Midwifery Retention programme in September 2017 (first cohort with NHS Improvement) with a QI approach to reduce the number of Nurse, midwife, HCA, MA, ODP voluntary leavers.
    - Introduced new bank rates in May 2018 to attract permanent staff to pick up bank shifts, or to attract staff to join our bank.
    - Developed new roles to address shortages and provide career development, e.g. Nursing Associates (successful first cohort nearing completion 9 wte, and planning second cohort 12 wte).

- Continued to hold fortnightly rostering meeting takes place to monitor rostering KPIs and provide support to roster managers/ ward managers. Rosters should be out 6 weeks before roster start date, but this is an area which needs more attention and rigour in order to impact on our temporary staffing spends.

SIX PRIORITIES

4. It is clear that we need to have a revised and scaled up approach for 2018/19. We have set ourselves six priorities, which will be driven by the Chief Nurse and Director of Workforce Transformation, with progress monitored at the N&M Scrutiny Group and at board level through the People Committee. These are summarised below as follows:

I. A refresh of the recruitment targets and a reset of the Hire Ahead target and Recruitment Calendar. In summary this will include:
   a. Increasing our UK open day events from bi-monthly to monthly.
   b. Introducing a monthly digital marketing campaign on a specialty basis.
   c. Increasing our overseas recruitment campaign spanning Middle East, Africa, and Asia.
   d. Completing a skill mix review to consider whether we could increase HCA ratios as an alternative to an RN, in areas where it would be safe to do so.
   e. Introduction of new roles – Nurse Associate, Apprentices.
   f. Considering where it is possible to fast track B5 to B6 posts as a way of keeping our internal talent.

II. Building a new recruitment brand using targeted social media advertising with marketing expertise bought in:
   a. Working with a digital advertising company to build our recruitment brand and use social media delivering multiple messages promoting vacancies to a targeted audience.
   b. Messages are targeted based on social media habits, and include photos, videos, staff interviews, Trust stories, what we offer and supported by monthly on-site recruitment events.
   c. We are running a pilot campaign for 2 months focusing on two specialties, ED and Surgical Wards. This will be reviewed and if successful continued for other specialties including Endoscopy, Care of the Elderly, SAMs, Theatres.
   d. On-site recruitment events – we will run an event every month, focusing on the specialty being promoted on social media.

III. Remodelling of skill mix, introduction of Band 4 roles and fast track to Band 6 roles:
   a. We will continue to develop roles that support nurses, for example Trainee Nursing Associates, Pharmacy technicians able to administer oral medication on wards, admin posts that support discharges etc. Divisions are looking at conversion of some B5 roles to fund these with skill mix adjusted to ensure safe staffing levels, and consider how these can be included in the risk assessments of this.
   b. We have 6 HCAs who will complete their secondment to nursing degrees this year. Sponsorship of HCAs to become qualified through apprenticeship route will begin in September (14 posts). 9.0 B4 posts start in March and 12.0 following year. Whilst numbers are low, this is the start of entering new types of roles into the recruitment pipeline and converting some B5 RN vacancies
   c. We are also reviewing our B6 establishments and seeking to increase these – again through conversion of B5 vacancies. We hope that we can fast track our September 2017 starters through a development process and ensure that there are promotion opportunities identified for these.

IV. Change in focus, structure and approach within the Trust's in-house recruitment team:
   a. We are now more conscious of need to engage with nursing applicants as soon as they make contact; signposting applicants to a specialty that will suit them; skill matching the candidate to the vacancy, working environment, understanding the candidate's

expectations and matching them to an area that can support them, eg flexible working, shift patterns.

b. We will seek feedback from candidates to understand experience pre and post induction, and make contact with those who do not pursue their applications.
c. In conjunction with the new branding, we will improve advert writing skills and we will identify local community and shopping centres where numbers of staff working at the Trust are low (Woking, Camberley, Bracknell) to raise profile of job opportunities.
d. We will publish clear guidance on the expectations of all involved. We will review pre-employment checking processes for new starters and bank joiners to enable a more streamlined and quicker approach.

V. Dedicated on boarding support resource for N&M from student through to first few years as registered nurse:
   a. In the short term we will increase the resource available to support students - from work experience at school / college through to student place, through to supporting them when they start in their substantive role. Our ambition is to provide an end to end service, working with colleges to identify students for nursing / HCA course, invite the students to 'introduction to nursing' courses, so that they know us when they are thinking of applying for nursing courses, then support them with recruitment on student placement.
   b. We will also extend our work experience programmes to ensure ASPH is seen positively by local schools, and colleges and families.
   c. We are developing a robust 'first 100 days' programme to include diarised activities – clinical induction, tours, making contact with other departments, Matron & DCN meeting, feedback session with on boarding team. The emphasis here is on increasing the pastoral care provided to our newly qualified nurses, similar to that provided for the doctors.
   d. We are also learning from the good work in Therapies and will be creating a Band 5 Support group to enable new staff to feed into the organisation with their views as well as empower them to ask questions and understand how the organisation works.

VI. Continuation of retention improvement programme:
   a. Retention of nurses and midwives and HCAs was identified as a significant risk for the Trust in 2017 with high turnover at ASPH identified as an outlier amongst peer Trusts. We adopted a QI approach and identified staff leaving in their first 12 months as a patient safety issues. Focus groups were held with staff to understand reasons why staff leave as well as the things they value about working at ASPH. The aim of the programme was to reduce the number of voluntary leavers and three primary drivers were agreed, with supporting change ideas.
   b. Information from leavers is now reviewed in detail to understand the situation, and we are now much better informed on the reason for leaving. We have had some success in learning from this or in fact stopping the nurse from leaving the Trust, however there has been limited impact on actual numbers.
   c. We have reviewed the effectiveness of the retention programme, and are switching the focus to achieve greater engagement with senior nursing & midwifery leadership, and focusing on specific change ideas in the clinical divisions rather than a Trust wide approach.

NATIONAL STAFF SURVEY

5. The 2017 National Staff Survey results were published on 6th March 2018. The results continue to serve as a barometer of organisational culture, and offer a useful sense check in relation to the way that our workforce have responded to some significant organisational challenges over the last year. We saw an improvement in our results over the past few years, with 2016 being a particularly positive set of results. The 2017 results illustrated that we have

consolidated and maintained this good performance despite all of the increasing pressures on our staff.

6. We benchmarked well compared to the national results for Acute Trusts including being above average for overall staff engagement score in all Acute trust ranking. Average is 3.78 – this was the first national decline in engagement since 2014; our engagement score was above this at 3.86.

7. There are a number of recurring themes which require additional focus and action:

I. Appraisals

Over the past 6 months or so we have been talking to colleagues and researching best practice around appraisals. In light of the deterioration in terms of number of appraisals being undertaken, and the feedback from the staff survey, we now have a much simpler process with the emphasis on the appraisal being a productive, open and honest conversation between manager and staff member. We have streamlined and minimized the paperwork and guidance so that it encourages this two-way dialogue. The new process and new policy was approved at Trust Executive Committee in June and has since been launched. We have received positive feedback from managers and colleagues on the new scheme and hope that this quickly results in improvements in the numbers and quality of appraisal undertaken.

II. Staff working extra hours

78% of our staff expressed that they are working extra hours compared to the acute sector average of 72%. When analysed by occupation groups, 10 out of 13 occupational groups (including all clinical and general management staff group) are working extra hours above the national average level. At its extreme, 91% of our Nurses have identified this as an issue. This is further evidence of our need to improve on our recruitment and retention priorities as set out above.

III. Violence & Aggression

Results in the Staff Surveys in relation to Staff/ Colleagues reporting most recent experience of physical violence in last 12 months continues to be a bottom ranking score for the Trust, and for 2017 this was a score which put us into the bottom 20% of acute Trusts. In autumn 2017 the Director of Workforce Transformation started a monthly leadership walkabout with the H&S/Security manager, in order to give a focus on incidents reported the previous month. This has enabled the senior team to have a better understanding as to root cause of incidents, mitigating actions taken and lessons learnt. Since the survey we have now increased our conflict resolution training activity and ensured that this is bespoke to the key areas affected eg management of patients with dementia. We are doing team based training so teams are collectively better placed to deal with future incidents of violence and aggression. In July 2018 we had a presentation and discussion at Trust Executive Committee to highlight the issues associated with violence and aggression and agreed to mobilise a Trust-wide campaign around zero tolerance to this. The campaign will be both one in public areas highlighting the personal stories of staff who are victims of violence, as well as a campaign within staff-only areas to emphasise how we should treat one another.

IV. Bullying & Harassment

Evidence from Staff Surveys, formal employee relations cases, Freedom to Speak up Guardian (FTSUG) report and informal feedback shows that these are on-going issues in some areas of the Trust. In 2017, we formed a Taskforce (Respecting One Another) as part of a wider campaign to help tackle these issues. The taskforce is driving a campaign of social change in the way we approach and manage such concerns. The main purpose and objective of the taskforce is to:

a) identify the scale of the issues, trends and the most at risk areas

b) recommend, develop, implement and monitor co-ordinated strategies to eradicate incidents of bullying, harassment and discrimination, to help create inclusive and respectful working environment for everyone across the Trust

c) undertake root cause analysis of formal employee relations cases and make recommendations with learning outcomes
d) agree decision tree to reduce the incident of cases going through formal process
e) advocate an anti-discrimination, anti-bullying and harassment culture by disseminating key messages within divisions.

CONCLUSION

The Council of Governors is asked to note the summary of our approach to addressing the recruitment challenges and the key actions taken so far in response to the National Staff Survey 2017.