



COUNCIL OF GOVERNORS

6th March 2019

TITLE **Nursing & Midwifery Retention Project**

**EXECUTIVE
SUMMARY**

The Nursing & Midwifery Retention Project commenced in September 2017. The aim of the retention project is to reduce the number of nurse, HCA, midwife, MA and ODP voluntary leavers to a maximum of 17 per month; and reduce the number of leavers with less than 12 months service to less than 4 per month.

This paper sets out our progress in relation to this and shows, in particular, an improvement we have made with our leavers with less than 12 months service.

**The Council is asked
to:**

Note the report

Submitted by:

Louise McKenzie, Director of Workforce Transformation

Date:

27th February 2019

Decision:

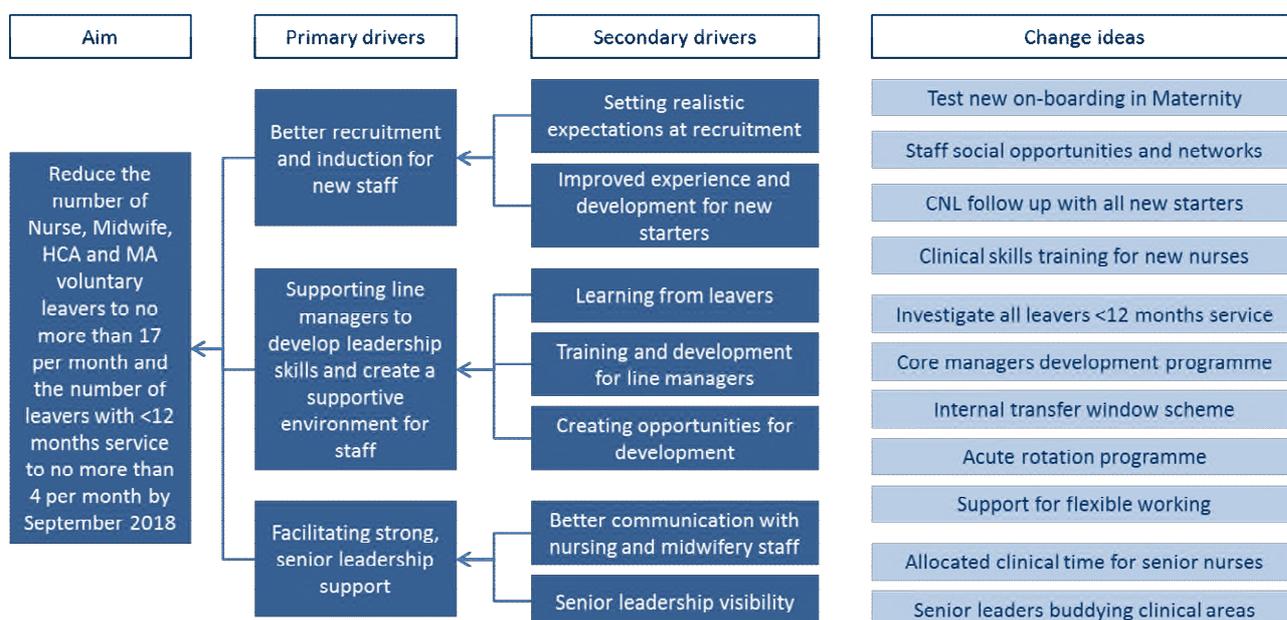
To note

NURSING & MIDWIFERY RETENTION PROJECT

INTRODUCTION

The Nursing & Midwifery Retention Project commenced in September 2017. The aim of the retention project is to reduce the number of nurse, HCA, midwife, MA and ODP voluntary leavers to a maximum of 17 per month; and reduce the number of leavers with less than 12 months service to less than 4 per month.

The driver diagram below describes the drivers which we believe will influence retention and the change ideas that we think will have the most impact, which we have tested over the past 12-18 months.



CURRENT PROGRESS

The average number of leavers over the past 3 quarters is detailed below. The third quarter has seen an improvement in overall retention which we are hopeful can be sustained.

Q1 – Apr - Jun 2018 – 16.3 wte

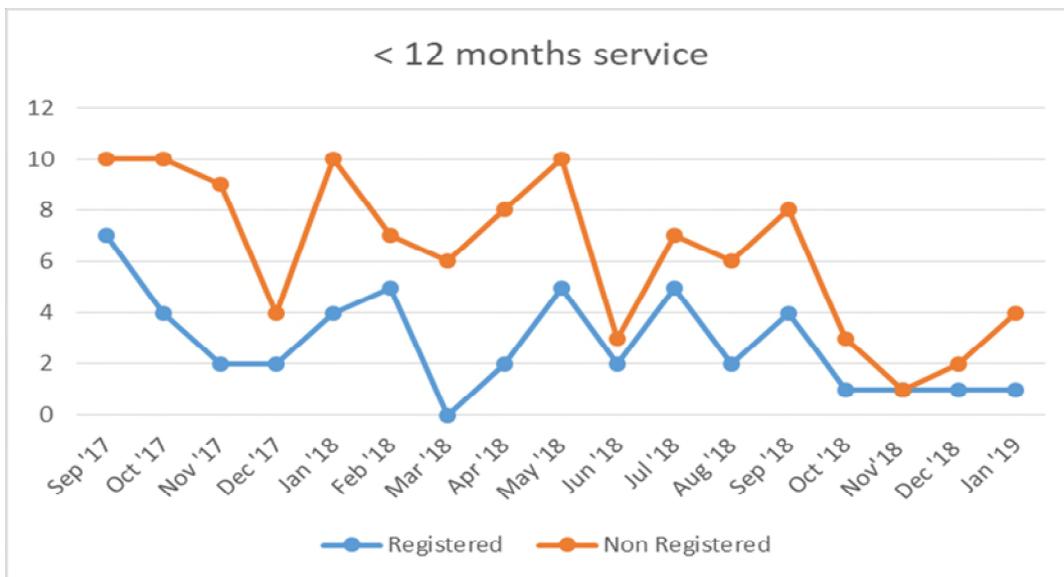
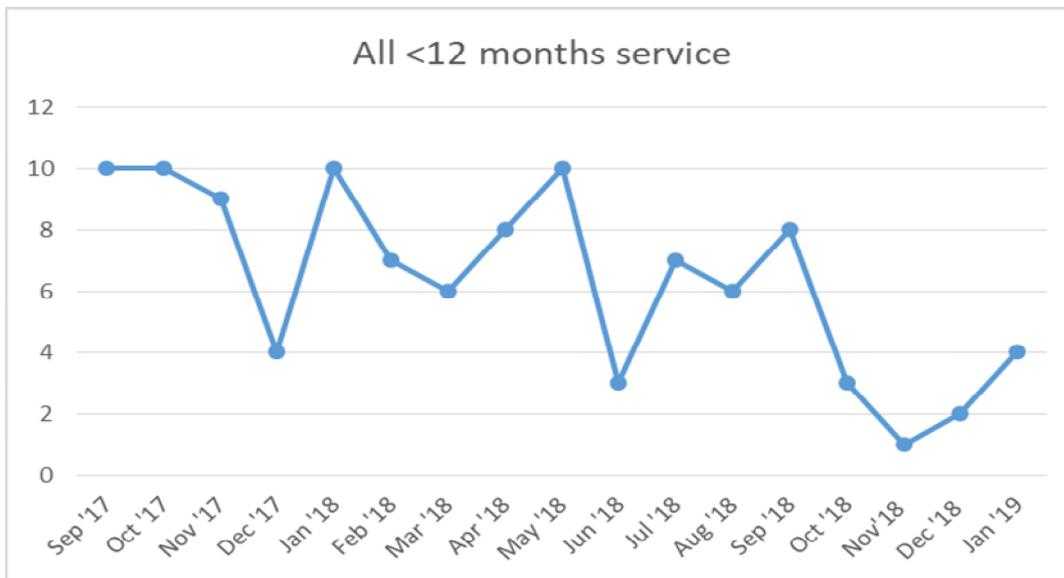
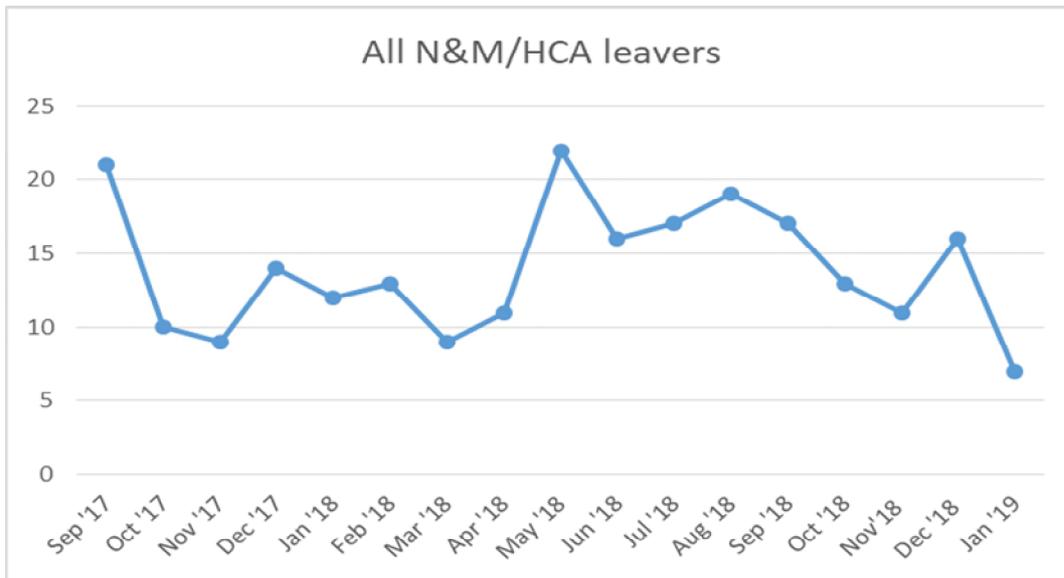
Q2 – Jul – Sep 2018 – 17.7 wte

Q3 – Oct – Dec 2018 – 13 wte

The biggest impact from the project has been in the number of staff leaving in their first 12 months. For the last quarter (October – December 2018) there have been 2 voluntary leavers per month (although this increased to 4 in January).

This is an improvement from the previous 6 months with average 7 per month. We are confident that we have shifted the dial in relation to this issue which we think has been primarily achieved through an improved on-boarding process for staff as they join the Trust and support in their first few months at work.

The charts over the page describe the detail in relation to this.



WHY PEOPLE LEAVE

Since we started the project we have significantly improved the intelligence we gather around our leavers. All N&M leavers are sent an exit questionnaire and for those with less than 12 month service, we follow this up with a questionnaire with the line manager.

On a monthly basis we collate these results at divisional level and send a summary of this to the Divisional Chief Nurses, Clinical Nurse Leaders and Ward Managers. Where we have information gaps we ask the local managers to investigate further, but we also ask the managers to review the data and consider the following:

- *What trends and themes do you see in your leavers?*
- *For those that we have no information on, are you aware of any reasons for leaving?*
- *What are your plans to improve and reduce the number of leavers in your division?*
- *What help do you need to do this?*
- *For your future leavers, have you exhausted all options for people to stay within the organisation?*
- *Have you identified all future leavers and notified HR?*

In addition to sharing the information with local managers, the strategic issues raised are discussed with senior nursing colleagues at the Nursing & Midwifery Pay and Scrutiny board.

Since September 2018 we have been producing ward/department level improvement posters, which we are encouraging the local teams to pin to noticeboards in staff rooms. We are hoping that this will generate conversations between colleagues so this will:

- Give them a better understanding as to what the Trust is doing to address the issues;
- Have better insight into the recruitment pipeline, number of leavers and why people in their department are leaving;
- Challenge any rumours or misconceptions at a local level.

CURRENT STRATEGIC FOCUS

There are a number of recurring wicked issues which we are currently considering how we address. These include:

- Accommodation and supporting people to live in the south east
- Pay and our ability to be attractive in the NHS and private healthcare labour market
- Leadership development and support for new managers
- Flexible working and our ability to meet the expectations of our colleagues.

NEXT STEPS

We have now appointed a Deputy Chief Nurse for Workforce in order to give some additional senior capacity to our recruitment and retention priorities. During the week commencing 25th February, we have been holding open forums with colleagues to ask them to share their ideas around retention and being a great place to work. We have also recently received a new data pack from NHSI which we will be able to review in terms of benchmarking data. This will enable us to consider our future priorities in relation to this agenda.

Louise McKenzie
Director of Workforce Transformation