Staff Recruitment and Retention Initiatives - Update

Meeting of the Quality Committee

12 April 2017
1. Context

National Pressures:

- Demand for qualified nursing staff continues to outpace supply (increasing demand; safe staffing requirements; agency ‘squeeze’)
  - Overall 6% shortfall in non-medical clinical staff across the NHS (c.50,000 fte)

- Current shortfall in **qualified nurses** is 24,000 and rising
  - inadequate nurse training commissions over many years (in 2014/15 HEE commissioned 3,100 fewer adult nurse training places than in 2004/05 - a reduction of 19%)
  - 2015/16 saw the lowest level of output of qualified nurses in recent times
  - in 2014/15, a total of 13,000 trained nurses entered the NHS workforce (3,000 fewer than in 2004/05) and 25,000 left, either at anticipated retirement age, or earlier
  - less than 60% of nurse training places commissioned in 2016 (8,000 of 14,000) are expected to result in someone entering the NHS workforce on qualification
  - withdrawal of NHS bursaries has resulted in 23% fall in applications in first year
The **allied health professional** workforce is also under pressure

- in 2014/15 HEE commissioned 1,700 fewer training places for allied health professionals than in 2004/05 - a reduction of 22%
- increasing numbers of qualified AHPs are accessed by non-NHS employers
- in ten-year period to 2015, the total AHP workforce grew by 41%, but the NHS AHP workforce increased by only 19%

The supply of **junior medical staff** is slowing

- over the same ten-year period the number of undergraduate medical places reduced by 2.0%, and the proportion of doctors completing their foundation training and directly entering specialty training in the NHS fell from 71% in 2010/11 to 52% in 2014/15
- consequences associated with acrimonious national contract negotiations are being felt
Local Influences:

- The supply gap for non-medical clinical staff is significantly larger in London areas and Thames Valley (14% vacancy rate compared to 10% nationally)

- Oxford region
  - high cost of living; housing supply; transport; proximity to London and Midlands markets all impact on staff recruitment and retention (particularly at band 5 level)
  - low unemployment and local employer competition creates relatively high churn amongst lower paid (pay bands 2 to 4 ) staff

**OUH Turnover Trend - All Staff**
2. Local Retention Strategy Supported by TME

Focused in six key areas:

- Increasing substantive workforce capacity
- Mitigating high cost of living
- Targeted recruitment and retention premia
- Widening participation
- Improving professional development opportunities
- Creating and sustaining a ‘healthy’ workplace environment
Principal activity includes:

- Continuous, centrally co-ordinated and fast-tracked recruitment to clinical support, and nursing and midwifery posts, combined with successful recruitment of clinical staff from other EU countries
- Provision of additional support to newly qualified band 5 staff, through enhanced clinical supervision and teaching
- Implementation of a two-year nursing and midwifery Foundation Programme
- Implementation of ITU Foundation Programme
- Increased provision of band 5 and 6 development days
- Standardised rotational programmes, combined with more frequent rotations
Implementation of the OUH Living Wage

Appointment of dedicated Recruitment and Retention Nurse Advisor

Initiation of Magnet Accreditation Programme and appointment of dedicated Programme Director

Establishment of Oxford School of Nursing (OUH; OH; OBU; AHSN; OXINAR)

Implementation of recruitment and retention premia (radiography; sonography; critical care; medical physics; estates)

Implementation of Education, Learning and Development Strategy

Implementation of Employee Assistance Programme

Improved staff engagement (e.g. ‘change champions’ initiative) and recognition
## 3. Impact of Local Recruitment and Retention Premia

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Introduced</th>
<th>Annual Cost (£)</th>
<th>Impact on Retention</th>
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</thead>
<tbody>
<tr>
<td>Diagnostic Radiographers and Sonographers</td>
<td>October 2015</td>
<td>259,000</td>
<td>Turnover reduced from 20.3% to 14.7%</td>
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<tr>
<td>Critical Care Nurses</td>
<td>June 2016</td>
<td>144,000</td>
<td>Turnover reduced from 16.8% to 16.3%</td>
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<tr>
<td>Therapeutic Radiographers</td>
<td>October 2016</td>
<td>170,000</td>
<td>Turnover reduced from 12.7% to 10.6%</td>
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<tr>
<td>Medical Physicists</td>
<td>April 2004</td>
<td>128,000</td>
<td>Turnover reduced from 18.7% to 11.9%</td>
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<tr>
<td>Healthcare Assistants and Other Support Staff (Living Wage)</td>
<td>April 2016</td>
<td>641,000</td>
<td>No movement in Turnover</td>
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<tr>
<td>Estates Functions</td>
<td>April 2013</td>
<td>41,000</td>
<td>Turnover reduced from 13.5% to 6.5%</td>
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<tr>
<td><strong>Total Annual Cost</strong></td>
<td></td>
<td><strong>1,383,000</strong></td>
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</tbody>
</table>
Within the professional staff groups, turnover remains highest amongst nurses and midwives, and allied health professionals (and particularly at pay band 5 level):

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Current Turnover Rate</th>
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<tbody>
<tr>
<td>Administrative and Clerical</td>
<td>15.9%</td>
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<tr>
<td>Allied Health Professionals</td>
<td>14.5%</td>
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<tr>
<td>Healthcare Assistants and Other Support Staff</td>
<td>21.1%</td>
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<tr>
<td>Estates and Ancillary</td>
<td>14.0%</td>
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<td>Healthcare Scientists</td>
<td>13.5%</td>
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<td>Medical and Dental</td>
<td>4.9%</td>
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<tr>
<td>Nursing and Midwifery Registered</td>
<td>13.8%</td>
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<td>Professional Scientific and Technical (additional)</td>
<td>11.8%</td>
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<td>Total</td>
<td>14.8%</td>
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4. Significant New Initiatives Endorsed by TME

- **Accelerated advancement** for all band 5 clinicians who successfully complete their two-year Foundation training Programme, combined with the creation of a recognised ‘senior registered nurse/AHP’ role

- **Increase in band 6 positions** - ensuring that, in all ward/treatment areas, there is a band 6 member of staff on every shift to provide experienced guidance and support for foundation staff and enable clinical educators/co-ordinators and practice development nurses greater scope to fulfil their role. This initiative will also provide more opportunity for career advancement for ‘senior’ band 5 clinicians
Accelerated advancement for band 5 clinicians and increase in band 6 positions:

<table>
<thead>
<tr>
<th>Spine Points</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
<th>20</th>
<th>21</th>
<th>22</th>
<th>23</th>
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<th>25</th>
<th>26</th>
<th>To Point 29</th>
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<tbody>
<tr>
<td><strong>Pay Band 5</strong></td>
<td>£22.1k</td>
<td>£22.7k</td>
<td>£23.6k</td>
<td>£24.5k</td>
<td>£25.6k</td>
<td>£26.6k</td>
<td>£27.6k</td>
<td>£28.7k</td>
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<tr>
<td><strong>Foundation Years 1 and 2</strong></td>
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<td><strong>Pay Band 6</strong></td>
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<td>Increasing to £35.6k</td>
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</tbody>
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- On successful completion of Foundation Year 2, band 5s advance from Point 17 to Point 19 (currently, highest attrition is at point 17)
- Band 5 Points 19 to 23 denote ‘senior registered nurse/AHP’ (identified by differentiated uniform and badge)
- On reaching Point 21, and subject to satisfactory performance, band 5s enter ‘pool’ to be considered for emergent band 6 positions
- Creation of additional c.100 fte band 6 roles to cover every shift on all wards
Further initiatives considered by TME in February 2017 and to be revisited:

- **Oxford salary ‘weighting’** - e.g. an additional non-consolidated allowance of 3% for staff employed on pay bands 1 to 5, a 2% allowance for staff on bands 6 to 7, and a 1% allowance for staff above band 7 (illustration would represent an increase of c.£7m on the current pay bill)

- **Annual non-consolidated bonus** - qualifying criteria could include continuous Trust employment over the preceding 12 months, combined with satisfactory performance, conduct and attendance. Bonus would be pro-rated for part-time members of staff and repayment of 50% of the value would apply to anyone voluntarily leaving the organisation within six months of receipt
- Provision of an **annual study allowance** of £500(?) for all band 5 clinicians
- **Payment of undergraduate course fees** to compensate for loss of bursaries
- Additional financial assistance to staff in meeting the cost of public transport
- Car parking provision