



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

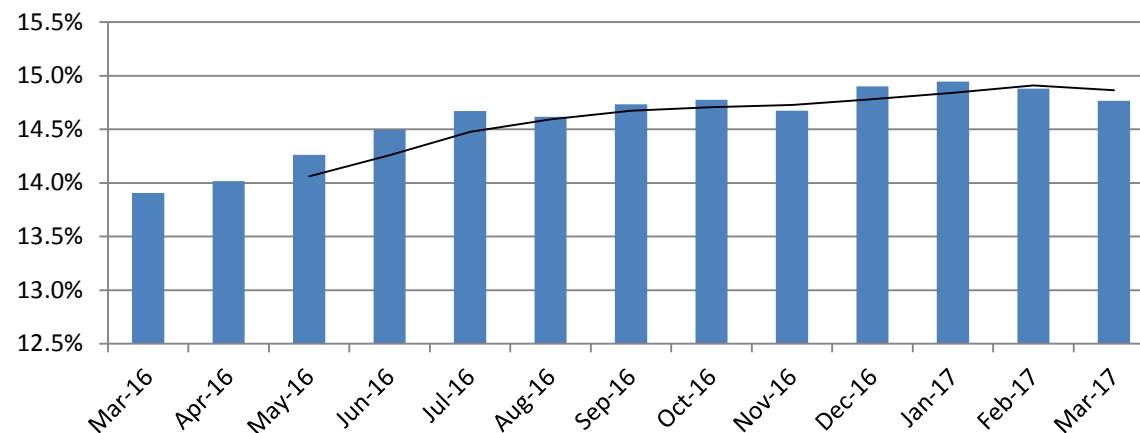
- The **allied health professional** workforce is also under pressure
 - in 2014/15 HEE commissioned 1,700 fewer training places for allied health professionals than in 2004/05 - a reduction of 22%
 - increasing numbers of qualified AHPs are accessed by non-NHS employers
 - in ten-year period to 2015, 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

Staff Group	Pay Premia		
	Introduced	Annual Cost (£)	Impact on Retention
Diagnostic Radiographers and Sonographers	October 2015	259,000	Turnover reduced from 20.3% to 14.7%
Critical Care Nurses	June 2016	144,000	Turnover reduced from 16.8% to 16.3%
Therapeutic Radiographers	October 2016	170,000	Turnover reduced from 12.7% to 10.6%
Medical Physicists	April 2004	128,000	Turnover reduced from 18.7% to 11.9%
Healthcare Assistants and Other Support Staff (Living Wage)	April 2016	641,000	No movement in Turnover
Estates Functions	April 2013	41,000	Turnover reduced from 13.5% to 6.5%
Total Annual Cost		1,383,000	

Within the professional staff groups, turnover remains highest amongst nurses and midwives, and allied health professionals (and particularly at pay band 5 level):

Staff Group	Current Turnover Rate
Administrative and Clerical	15.9%
Allied Health Professionals	14.5%
Healthcare Assistants and Other Support Staff	21.1%
Estates and Ancillary	14.0%
Healthcare Scientists	13.5%
Medical and Dental	4.9%
Nursing and Midwifery Registered	13.8%
Professional Scientific and Technical (additional)	11.8%
Total	14.8%

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:

Spine Points	16	17	18	19	20	21	22	23	24	25	26	To Point 29
Pay Band 5	£22.1k	£22.7k	£23.6k	£24.5k	£25.6k	£26.6k	£27.6k	£28.7k				
Foundation Years 1 and 2	Pay Band 6					£26.6k	£27.6k	£28.7k	£29.6k	£30.7k	£32.0k	Increasing to £35.6k

- 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

5. Potential Further Initiatives

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