

Meeting Title	Mid and South Essex Acute Trusts Board Meetings in Common (meeting in public)		
Meeting Date	9 May 2018	Agenda No	11
Report Title	Recruitment Strategy		
Lead Executive Director	Mary Foulkes – Chief Human Resources Officer		
Report Author	Namdi Ngoka – HR & Workforce Specialist Mary Foulkes – Chief Human Resources Officer		
Action Required	Decision <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/>		
Background / Context	<p>Over the past months the JWB has received a number of reports on recruitment and retention and it is recognised that there needs to be a strategic approach to tackle these long-standing issues. The JWB have also requested trajectories and Key Performance Indicators to provide assurance on progress towards achieving the targets.</p> <p>It is recognised that there is a need for some priority actions to be undertaken to achieve an improvement in both the recruitment and retention of our workforce</p> <p>The Chief Nursing Officer (CNO) will lead the nursing retention component and the Chief HR Director (CHRD) will lead the Recruitment component.</p> <p>To support the development of the recruitment strategy guidance and support was sought from NHSI, a workforce specialist in Guy's and St. Thomas and an HR consultant.</p> <p>It is recognised that both strategies will be delivered within the framework of the People and OD strategy.</p> <p>The purpose of this paper is to discuss the first draft of the recruitment strategy and approval is sought on the direction of travel and the proposed KPI.</p> <p>The final recruitment strategy will be presented in June when the nurse retention strategy will also be presented.</p> <p>A review of the governance structure to support the delivery of the plan will consist of a Group wide Recruitment committee in conjunction with other supporting work streams. The group will meet monthly beginning in June and will report to JWB bi monthly.</p>		
Timescale for Benefits to be Realised	June 2018		
Assessment of Implications			
Financial	Does this proposal have <u>revenue</u> (recurrent or non-recurrent) implications for the Trusts? No - the final strategy will have financial implications		

Risk	Inadequate oversight of strategic risks and lack of consistency and standardisation increases the overall risks collectively and demonstrates poor governance arrangements.
Freedom of Information	<i>No exemptions apply (i.e., information is in the public domain)</i> <i>OR The following exemption(s) apply to this paper :</i>
Other Implications Identified	<ul style="list-style-type: none"> Regulatory impact may be evident
Recommendation	<p>The Trust Boards of BTUH, MEHT and SUHT are invited to:</p> <ul style="list-style-type: none"> Note the actions taken to date at the site level and group level Discuss and approve the KPIs and action plan
Appendix	<p>A: Draft Group Recruitment Action Plan</p> <p>B: Site Profiles, vacancies and Hard to fill roles</p> <p>C: Recruitment Activity by Site</p> <p>D: MSB Nursing & Midwifery Retention Strategy Executive Summary</p>

MSB Recruitment Strategy 2016 – 2021

1. Introduction

- 1.1. The purpose of this recruitment strategy is to set out the future vision for the three Trusts' recruitment activity and the main elements that will underpin successful delivery.
- 1.2. Despite the existence of recruitment and retention plans, vacancies are projected to continue to be high due to the on-going national shortage. Gaps in substantive posts are partially filled with temporary staff (bank and agency workers), but approximately 25% remain unfilled.
- 1.3. The high patient demand has driven increased demand for nursing. Our nursing staff have demonstrated high levels of resilience and commitment to patient care. Despite international and UK campaigns there are still a high number of vacancies.
- 1.4. Key to achieving our recruitment plans includes a requirement to address retention issues, with a turnover in some areas as high as 20%. Identifying measures to address turnover is essential in achieving the fill rate. Workforce retention is not part of the scope of this paper.
- 1.5. Given the volatile nature of the current labour market and the changeable approach to workforce planning across the NHS, this is a five-year strategy that will need to be regularly refreshed to keep pace with our changing healthcare environment.
- 1.6. This scope of this strategy is limited to recruitment. The nursing retention strategy will be presented at the June Board. A summary of the approach and following the feedback from the JWB the final recruitment strategy will be provided taken is attached as an appendix. Both strategies will come under the framework of the People and OD Strategy.

2. Context

- 2.1. There are over 1,800 vacancies across the three Trusts which include over 200 medical vacancies and over 700 nursing vacancies. Nationally, demand for nurses was 19% higher between July and September 2017 than the same period two years ago. In total, there are 34,260 nursing vacancies. Overall there were 87,964 vacant full-time posts being advertised across the NHS, with nursing accounting for 40% of these (NHS Digital).
- 2.2. Voluntary turnover is 15% with nurses at 14.6%. The rate at which nurses are leaving Trusts has increased from 12.3% in 2012/13 to 15.0% in 2016/17. The rate of nursing staff leaving the NHS altogether has increased from 7.1% in 2011/12 to 8.7% in 2016/17.
- 2.3. The cost of agency use as a percentage of the total pay bill is 8.5% with a target of 6.5%. In the NHS the cost of Agency use varies from 0.1% to 25.4% of trust's pay bill, with a mean of 6.8%.
- 2.4. The three Trusts are currently working collaboratively as part of the Essex Sustainability and Transformation Partnership (STP) identified as part of the NHS Five Year Forward View (FYFV). The FYFV sets out the challenges facing health and care nationally and how radical change is needed to sustain services into the future and improve care for patients
- 2.5. The STP is tasked with redesigning clinical and corporate services across mid and south Essex to meet rising demand, to provide the best quality of emergency and specialist care. The three Trusts recognise the need, in light of this agenda, to employ more staff, while retaining, managing and developing their existing workforce. At the same time, ensuring

staff have the right skills and experience to deliver high quality, safe and effective patient care.

2.6. As part of the new governance arrangements between the three Trusts, a Joint Working Board (JWB) was established. In March 2017, the Joint Working Board covering the three Trusts produced a five-part strategy identifying the primary drivers for the joint working arrangements across the Trusts. This strategy determined that the group model should:

- Lead the reform of clinical services based on standardised processes, informed by the best available evidence, patient co-design and removal of variation
- Radically rethink and redesign corporate and clinical support services to maximise their effectiveness and contribution.
- Establish a culture of high performance, improvement, measurement and innovation through a highly engaged workforce.
- Reform physical and technological assets to deliver value to the three Trusts and facilitate timely flow of patient information.
- Become a commercially astute, partnership focused organisation by developing new income and investment streams and entering relevant new markets.

2.7 Key to achieving the reforms and innovations described above is the formulation of robust recruitment and retention plans. Joined up planning and harnessing the benefits of better collaborative working, is further necessitated by the recognition that during periods of change, there is a heightened risk of attrition due to uncertainty.

2.8 This document, therefore, provides an overview of the plans and strategies that will be undertaken by the three Trusts but also describes how the JWB will be able to track progress against the agreed recruitment targets.

3. The Strategic Recruitment Objectives

3.1. The strategic recruitment plan contains six themes with the following objectives:

- **Increasing the supply of staff** by expanding our opportunities for recruiting to hard-to-fill roles and developing a more extensive range of recruitment opportunities across South and Mid Essex.
- **Attracting talent** by developing marketing, recruitment and selection processes which are best practice and promoting rewarding career pathways and opportunities for progression through strong partnership working with universities and other education providers.
- **Reducing internal competition** by pooling our recruitment resources between the Trusts to pursue faster and more productive resolutions to pressing workforce issues in common. Promoting at all times the benefits of working at each of the Trusts including the advantages of being part of the wider group, including the advantages of living and working in the geographical area.
- **Streamlining the recruitment process** by introducing a centralised service under a single leadership. Our recruitment services will facilitate the recruitment of staff who are equipped to deliver the new care models and pathways of consolidated clinical services.
- **Embedding a high performing value-based culture** by recruiting a workforce based on our values.
- **Developing a systematic approach to temporary staffing** by introducing a collaborative bank and agency service across all three sites.

4. Challenges

- 4.1. As well as recognised staffing shortfalls in the existing nursing and medical workforce, the demographic workforce profile of all three Trusts highlights an ageing workforce with some staff coming up to retirement age, further workforce shortfalls are anticipated.
- 4.2. The increasing career and flexible working opportunities outside of the NHS makes recruitment and retention of staff a significant challenge.
- 4.3. The threat of staff leaving the region and sector is further compounded by the proximity of all three Trusts to London, meaning that competition for staff from other neighbouring Trusts often in more central and accessible locations remains a real threat.
- 4.4. The threat of staff moving to the private sector due to the recent NHS pay restraint and inability to fill roles substantively, meaning high agency expenditure has led to all three Trusts seeking alternative ways to attract and retain staff through for example offering higher premium payments for some hard to recruit roles.
- 4.5. Nationally, The Health Education England draft workforce strategy which is due to be published in July 2018 after a period of consultation. The strategy recognised that the NHS needs to do more to attract newly qualified nurses into substantive employment and retain its current workforce. While there has been some growth in staff numbers across the NHS, there has been significant growth in vacancies.
- 4.6. The strategy recognised that the composition of the medical and nursing workforce needs to adapt, with new support roles requiring to be considered. These include Physician Assistant (anaesthesia) (PA (A)), Physician Associate (PA) Surgical Care Practitioner (SCP) and Advanced Critical Care Practitioner (ACCP) roles.

5. Apprenticeship Levy

- 5.1. In April 2017 the government introduced the apprenticeship levy, and as the largest employer in England, the NHS' annual payment is estimated to be about £200m. Harnessing opportunities from this will be crucial for organisations in attracting and developing existing workforces and creating career pathways aligned to traditional recruitment methods.
- 5.2. The three trust's contribution to the levy is in the region of £2.5 million annually. The Public-Sector target for apprenticeship training is 2.3% of an employer's headcount which equates to a minimum of 300 apprenticeship new starters per year.
- 5.3. Alternative methods of building a career path from healthcare support worker to registered nurse, as well as degree level nurse apprenticeship to facilitate the transition from Nursing Associate to a registered nurse, should assist with both widening the pipeline into registered nursing and extend the career ladder to everyone working in direct NHS patient care.

6. Leaving the EU

- 6.1. The impact of UK's decision to exit the EU had a significant effect on recruitment across the NHS, with 59,000 EEA Nationals employed in the NHS in England, 22,000 of which are nurses (A considerable increase since July 2013 when the figure was 10,570).
- 6.2. The Nursing and Midwifery Council reports indicate that the number of EU nurses and midwives coming to work in the UK had dropped by 89% since the referendum. This reduction in numbers is also further exacerbated by changes in the academic English language testing qualifications for EU and overseas workers, requiring a higher level English language competence.

7. Key areas of Focus

7.1. Hard to fill roles

- A clinically sustainable model may be agreed in theory, where recruitment proves challenging and all avenues to address this have been exhausted, this may make the model unsustainable in practice: it is, therefore, crucial to developing service models that are sufficiently attractive to potential staff to be deliverable.

7.2. Nursing and Midwifery

- The increase in demand for health services requires a growth in the clinical workforce by 190,000 by 2027 (Health Education England) which can only come from new graduates, staff returning to practice or recruitment from overseas.
- In nursing which is our largest staff group in the NHS, our workforce numbers suggest there are insufficient numbers of student nurses to replace those retiring and to counter the effect of an ageing nursing population (RCN, 2015).
- 2500 nurse associates are expected to start in spring 2018 and more are due to begin in autumn 2018. They would work alongside healthcare support workers and registered nurses to deliver hands-on care to patients which also need to be factored into workforce plans.
- Our plans in 2018/19 will include developing a rotational programme for band 5 and newly qualified nursing posts across the three Trusts. Rotational and feeder programmes will provide the group with a flexible workforce with transferable knowledge, skills and experience to meet current and future service needs. These Rotational and feeder programmes will have the benefit of improved attraction to all three Trusts.

7.3. Medical workforce

- There are supply issues for a few consultant posts across msb which would benefit from a joined-up approach to recruitment: renal, neurology, pathology and elderly care/stroke medicine. Pathway re-configuration should assist in establishing more attractive on-call rotas, improved training opportunities, more significant opportunities for specialisation and rotational posts and additional scope for research activity and educational opportunities.
- There are historical local issues for recruitment to anaesthetic posts at BTUH, ED at MEHT and elderly care/general medicine at SUFT. Bespoke solutions to recruitment will be established.
- Middle-grade recruitment is also challenged with national shortages and difficulty employing overseas doctors. However, there are good examples of middle grade recruitment and retention within msb group and the lessons learned will be shared more widely, focusing on role re-design, on call commitments, remuneration and career development.
- Physician associates, Physician assistants, and surgical care practitioners' roles have already been developed across msb and their usage will be extended to reduce pressure on the medical workforce. Additionally, productive will be challenged through models, especially in outpatients and there is scope for digital therapeutics to augment the

medical workforce. These roles will form advanced level support roles, trained to the medical model to augment service delivery alongside doctors

7. Collaborative Bank

- 7.1. We will aim to work collaboratively as three Trusts to undertake an exercise to consolidating the service by May 2019.
- 7.2. Where possible our rosters will be filled with substantive and bank workers that are known to the Trusts. We will work to implement and use tighter controls to manage all requests for temporary staff centrally, using volume-based discounts, optimising the use of systems and best practice processes applied consistently across the three Trusts will result in the delivery of high quality and cheaper service that is better and safer for patients

8. Leadership Roles

- 8.1. The NHS faces a significant top leadership challenge. In his review into NHS leadership, Lord Stuart Rose said that greater emphasis is now needed on the essential skills and development to support change. That one of the primary solutions to this challenging environment is better leadership.
- 8.2. In addition to growing our own through a few robust succession planning programmes, the recruitment team will combine social networks, CV databases, and online professional communities to source and connect with passive candidates who might not be actively looking for a new job, but would consider one, if the right opportunity came up.

9. Recruitment Strategy Implementation Plan

- 9.1. The NHS faces a significant top leadership challenge. In his review into NHS leadership, Lord Stuart Rose said that greater emphasis is now needed on the essential skills and development to support change. That one of the primary solutions to this challenging environment is better leadership.
- 9.2. Developing joint branding and marketing geared toward the more regular promotion of the group as the default NHS employment destination for Essex.
- 9.3. Reviewing and implementing a joint advertising template, with one universal template used for all roles.
- 9.4. Developing branded material (working with Communications Teams) that will be used by the group for all recruitment campaigns, job fairs, conferences and attraction related activities.
- 9.5. Identifying joint recruitment lead/recruitment role to coordinate joint activities across the group.
- 9.6. Seeking areas where we can offer rotations across all sites for particular staff groups and specialisms.

10. Group international recruitment Plans

- 10.1. In addition to local plans, we will scope opportunities and put firm procedures in place to undertake joint international recruitment campaigns for nursing, medical and allied health professional roles. A potential three trust procurement exercise is already under consideration targeting nurses from India.

- 10.2. SUFT is already collaborating with BTUH on the Radiographers international campaign, with a potential to recruit 15 Radiographers across the Trusts. This will be explored further with the potential to include other staff groups in that tender.
- 10.3. An international recruitment workstream will be created to consider areas for collaboration and to identify EU and non-EU countries, utilising preferred supplier agency and direct marketing opportunities, for all hard to fill roles, covering but medical and non – medical specialities. Strategies will explore various international trainee and attraction schemes including the Medical Training Initiative (MTI). This is a national scheme designed to allow a small number of doctors to enter the UK from overseas for a maximum of 24 months so that they can benefit from training and development in NHS services before returning to their home countries.

11. Group UK Events Strategy

- 11.1. In addition to the various individual sites events taking place at a local and national level, several national events will be agreed for the coming year and plans will be developed to attend and undertake campaigns at events as three Trusts.
- 11.2. A centralised approach will be adopted to managing the recruitment of local and UK nursing and medical staff with a rolling programme of joint campaigns agreed for 2018/19.
- 11.3. The Trusts will ensure that each site is represented and branded literature for the group is made available for these events which will include national career fairs, national conferences and hosted recruitment open days.

12. Returning to the Profession

- 12.1. Through the use of a 'Leaver Pack' and the implementation of Alumni Groups we will build relationships and 'keep in touch' with our leavers and retired staff members to encourage their return to the group and support developing a temporary workforce that can be called upon in challenging times.

13. Technology

- 13.1. Each Trust makes use of its Recruitment (TRAC), Bank and rostering systems
- 13.2. In the coming months, a review of the recruitment processes and systems will be undertaken with a focus on reviewing the end to end recruitment process identifying significant opportunities to reduce the time to hire; this will include:
 - Review of TRAC system usage within the Divisions
 - Further development of recruitment dashboards
 - Reducing time to hire by implementing and embedding an online tool to track recruitment from the initial request to advert to the individual starting.
 - Improve use of technology to reach potential candidates to receive relevant vacancies directly
 - interview reminders and updates, i.e. via SMS text messaging through TRAC
 - Maintain a central bank of all applicant details and availability on TRAC and provide alternatives to applicants who have no/limited internet access.

14. Investment in Recruitment

- 14.1.** A five-year nursing forecast to assess the gap taking into consideration the existing supply and demand initiatives and the apprentice levy. To assess the scale of the investment required to make attract and recruit locally, nationally and internationally. This will be presented at the July JWB.

15. Recruitment Trajectory

- 15.1.** The JWB will have the ability to monitor trajectories initially doctors and nurses. The trajectory will consider turnover patterns over the preceding 12 months. This will illustrate the total hires that we need within a set period to reach a predetermined hiring goal.

16. Time to Hire

- 16.1.** To set a timeframe to reduce the time to hire based on process mapping and benchmarking best practice. Members of the recruitment team will attend a workshop on the 15th May to undertake this exercise.

17. Job Offer to Acceptance

- 17.1.** This recruitment metric tracks how many offers are extended to candidates and accepted.

18. Governance

- 18.1.** The governance to support the delivery of the recruitment strategy will consist of a Group wide recruitment committee in conjunction with other supporting work streams. The group will meet monthly beginning in June and will report to JWB bi monthly.

19. Conclusions

- 19.1.** This strategy has identified the various challenges that the three Trusts face in terms of recruitment and attraction. The actions set out in this paper will go some way towards addressing some of these challenges. It is crucial that the national shortages of nurses and other professions are acknowledged as this dearth will not be resolved for some time.
- 19.2.** There are further challenges ahead that will impact on the workforce, such as the uncertainty with the restructure across all three organisations and other national drivers such as the exit from the EU.
- 19.3.** Some of these issues are generic and applicable to most acute Trusts across the country. However, the advanced stages of the Mid Essex STP mean that each Trust may be more severely impacted by these drivers, meaning innovative approaches need to be adopted which will require moving away from standard ways of recruiting and attracting staff such as growing apprenticeships and working collaboratively with other partners and neighbouring organisations.

Group Recruitment Action Plan

Objective	Actions/Programme	Success criteria/measures of success	Timescale	Lead/Support	RAG Rating
To attract the best candidates	Develop group brand, advertising and marketing products	Evidence of high quality material used consistently in recruitment campaigns, careers fairs, conferences and open days	July 2018	AD Recruitment/ Group Director of Communications	
	Develop a calendar of open days	Evidence of an increase in attendance at open days and an increase in offers compared to 2017	Sept 2018	AD Recruitment/ Group Director of Communications/	
	Consistent use of social media	Group on-line marketing campaign introduced Increase in direct hires (local and international) Introduction of candidate database	October 2018	Social media recruitment specialist AD Recruitment	
Increase the supply of staff (Inc. hard to fill roles)	Develop plans for each hard to fill posts	Evidence of a plan to fill/develop a new role created/recruitment incentive	July 2018	AD Recruitment/ Group Director of Communications/	
	Group Recruitment Premiums scheme developed	Evidence of an increase in candidates and offer accepted	November 2018	AD Recruitment/ Hiring Manager	
	Develop plans to increase the number of newly qualified nurses who accept our offers	Group Campaigns and presentations at university, rolling adverts, roll out keep in touch schemes Increase the number of qualified nurses who accept our offer	Mat	AD Recruitment CNO	

Objective	Actions/Programme	Success criteria/measures of success	Timescale/ target date to achieve	Responsible Officer	RAG Rating
Increase the supply of staff (Inc. hard to fill roles)	Group strategy to attract and recruit middle grades and other hard to fill consultant posts	Capture and introduce best practice from trusts who have successful	TBD	Medical recruitment Medical Resourcing Manager CMO	
Undertake Group International	Introduce a Group international recruitment plan	Achieve agreed 2018/19 international recruitment targets	Aug 2018/ Dec 2019	AD Recruitment/ Group Director of Communications/ Hiring Manager	
Undertake Group UK recruitment Campaign	Introduce an annual open day and career fairs across the Trusts Returning to the profession campaign	Achieve agreed the target of the number of open days and careers fairs resulting in an increase in offers made Achieve agreed target of nurses no longer active on the register undertaking the back to nursing programme	July 2018/Jan 2019	AD Recruitment/ Group Director of Communications/ Hiring Manager Group Director of Procurement	
Improve Recruitment process	Centralised recruitment team	<ul style="list-style-type: none"> • Trajectory developed and show evidence of increasing offers and acceptances • KPIs agreed and evidence of Improved time to hire • Effective systems in place, TRAC, IAT, ESR system • Streamlining activities implemented, e.g., portable DBS 	July 2018	AD Recruitment/	

Profile by site

Southend (SUHFT)

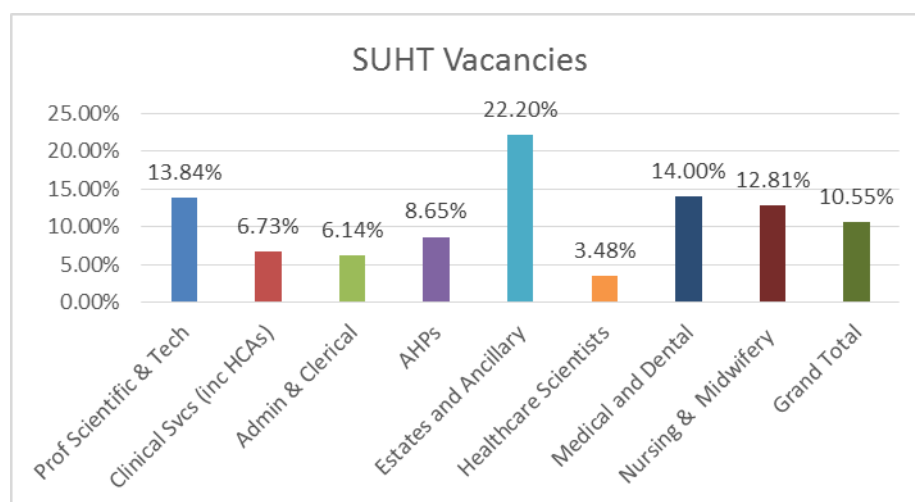
Southend University Hospital NHS FT maintains nearly 700 inpatient beds and provides healthcare for around 338,000 people through a comprehensive range of acute services. Located in the South Essex area, Southend employs 3,900 Clinical and non-clinical staff.

Key recruitment challenges for the Trust include several hard to recruit roles, especially in Nursing, an ageing nursing workforce, with 29% of the nursing and midwifery workforce aged 50 and over, and 17% aged over 55 and additional difficulties in attracting staff to the area, due to the fringe High-cost allowance paid by BTUH. The average age of permanent staff in the Trust as recorded in 2017/18 at the end of January 2018 is 43.81 years, with 28.07% of senior medical staff (consultants) aged over 55 years, 29.76% of midwives aged over 50.

Hard to fill roles include:

- Pharmacists
- Physiotherapists
- Occupational Therapists
- Nurses (including Paediatric Nurses)
- Consultant in Emergency Medicine

Vacancies March 2018



**22% Estates vacancies are due to the use of external agency to fill posts on weekends and evenings (estimated to cost less than recruiting permanently)*

Basildon (BTUH)

Basildon and Thurrock University Hospitals NHS Foundation Trust primarily provides services for 405,000 people living in south-west Essex covering Basildon and Thurrock, together with parts of Brentwood and Castle Point.

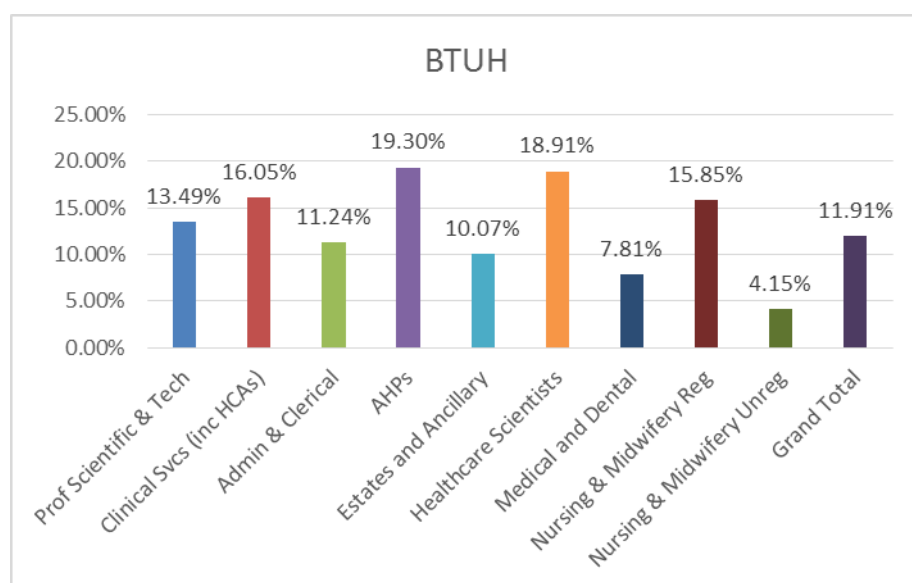
The Trust employs 4855 clinical and non-clinical staff. Key recruitment priorities for BTUH include formulating recruitment and retention plans that will specifically target high vacancy areas including Critical Care (CCU) and Theatres. an ageing workforce with 20% of the registered nursing and midwifery workforce are aged 51 and over.

Hard to fill roles include:

Consultants

- Renal,
- Anaesthetics
- Orthopaedics
- Haematology
- Histopathology
- Allied Health and Health Scientist roles in Radiography,
- Physiotherapists,
- Occupational Therapists,
- Physiologists
- Clinical Coders

Vacancies March 2018



Mid Essex (MEHT)

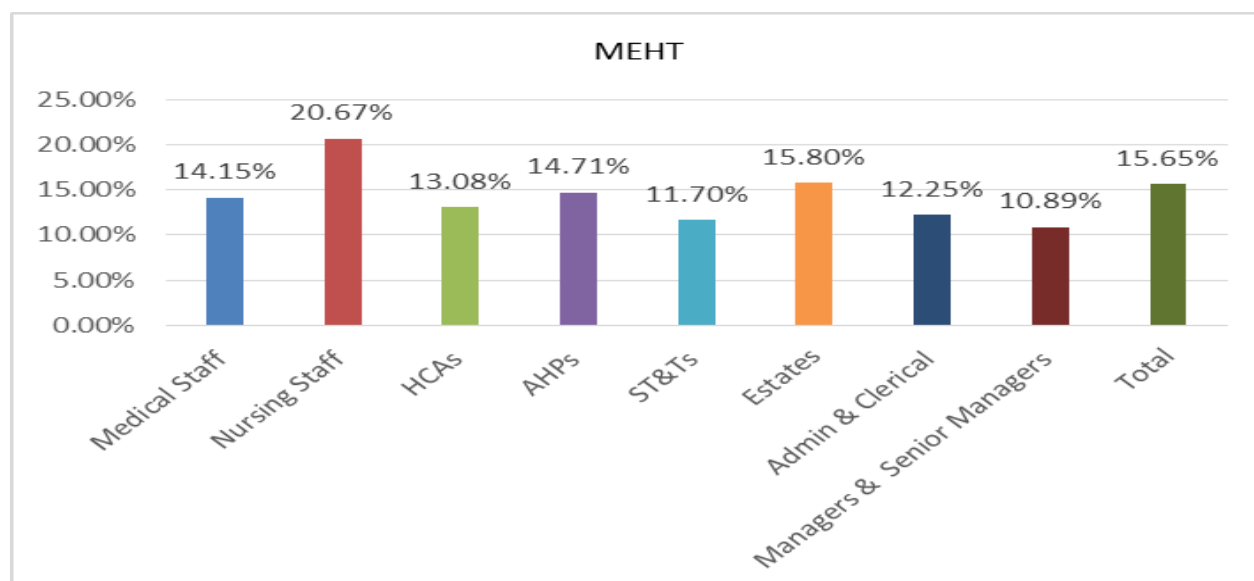
Mid Essex Hospital Services NHS Trust provides local elective and emergency services to 380,000 people living in and around the districts of Chelmsford, Maldon and Braintree. The Trust employs 4,800 clinical and non-clinical staff. Key recruitment challenges for Mid Essex include qualified medical and nursing shortfalls as well high vacancies for some qualified professionals allied to health such as sonographer and therapists.

Hard to fill roles include:

- Sonographers

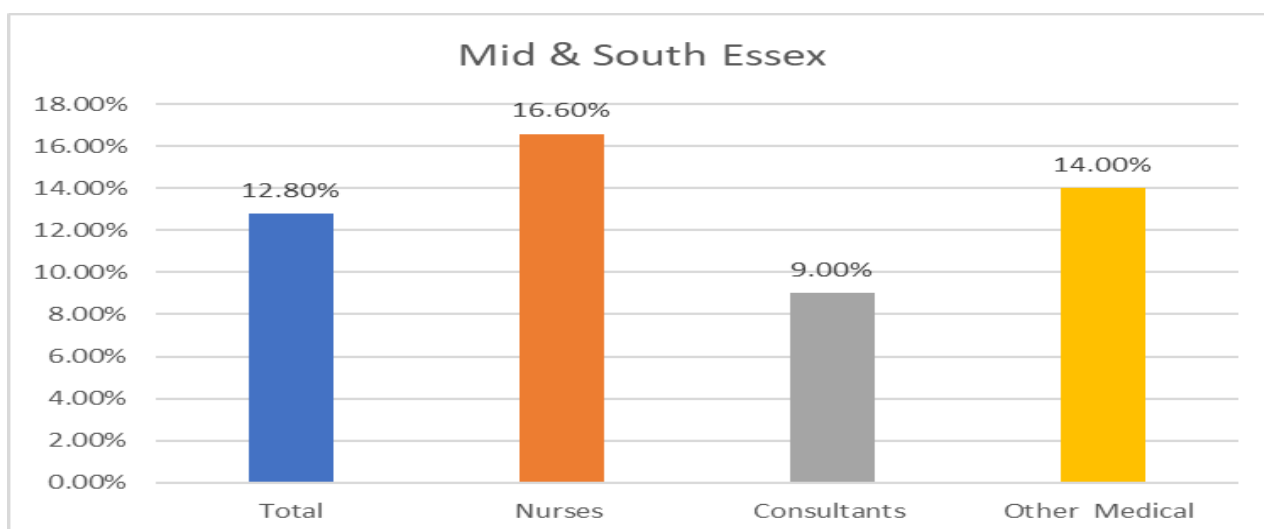
- Therapists
- Respiratory
- Stroke
- Ophthalmology
- Urology
- Radiology

Vacancies March 2018



Current position (MSB) – Group

The qualified nursing and midwifery vacancy rate across the group rates is nearly 17 % (730 wte). The medical vacancies are 12% (225wte). The target is to reach a 93% fill rate across all groups to achieve set KPIs.



Recruitment Activity by Site

All three sites have detailed recruitment priorities contained in their operating plan submissions for 2018/19,

It is evident that the three Trusts continue to work independently. The following areas are where it is essential that the Trusts create joint working arrangements in 18/19 to build upon a collaborative group approach to working.

- Develop Group and Site workforce plans
- Develop Group approach to direct recruitment through social media and refer a friend scheme
- Develop Group international recruitment strategy
- Create Group Branding, Marketing and proactive recruitment plans
- Site and Group Grow your own strategy

The plans summarised below include areas where the Trusts are working independently, where the group intends to work together over the coming months to improve the recruitment position. *(Appendix 1 contains a high-level action plan, listing the areas where the Group plans to work collaboratively together and associated actions required to achieve the group joint working recruitment model)*

a) **Advertising, Branding and Marketing Strategies**

All three Trusts currently work independently. In 2018/19, in addition to the local site-based advertising, branding and marketing strategies, group-based strategies will be implemented.

Site strategies

BTUH - All recruitment activity is posted on the Trust Website, Facebook and Twitter sites. A 'More Than Just a Uniform' creative campaign ran from November 2017 as a teaser and in Feb/March as a poster and Facebook campaign. The use of this branding continues the BTUH website and in the Open Day materials.

SUHFT have plans in place to improve the quality of recruitment and other Trust promotional material to illustrate the diversity of the workforce, career opportunities and benefits within the Trust this includes to -

- Review and develop standard advert templates that re-enforce Trust values and highlights the benefits of working for the Trust
- Ensure appropriate marketing of Trust achievements through the local/national media and use of social media
- Partnering with Communications to review the use of Employer Branding to include standard and innovative advertising templates and consistent messages to include international welcome packs, induction packs in line with Success by the Sea relaunch
- Use of Communications approved video footage for marketing of vacancies
- Survey and gain feedback at the end of recruitment campaigns to evaluate the effectiveness and reach.
- Targeted recruitment campaigns to ensure regular availability of both trained and untrained nurses in areas of high turnover and hard to find areas, local/UK and overseas.

- Radio campaigns to underpin locally targeted recruitment across various areas in the Trusts.

MEHT have developed local recruitment materials including Professional Attraction Campaigns, with Recruitment posters displayed within the Chelmsford community. Plans are in place in 2018/19 to continue professional promotion of MEHT and the Employee Value Proposition. This includes:

- Community and social media presence (Radio advertisement/marketing strategy via external agency).
- Nurse recruitment trajectory developed
- Professional Attraction Campaign developed
- Universities and College presentations to target newly qualified nurses.
- 69 Recruitment posters displayed within the Chelmsford community
- 'Back to work parents' 61 Essex schools are currently displaying poster inviting parents back to work flexible hours
- 6th Form students (18yrs+) recruited for summer holidays as HCA support (care certificate undertaken on the ward)

b) International Recruitment Plans

BTUH plans include continuing to embark on overseas recruitment campaigns for nursing with HCL (EU and Non-EU). Arrangements are being developed to commence an overseas campaign for Radiographers specifically in EU. An EU recruitment tender is underway to recruit 15 radiographers from Portugal.

Building on the successful experience in 17/18 which saw SUHFT undertake an Overseas campaign for qualified nurses, Allied Health Professionals (AHPs)/ Health Science Services (HSS) and Medical Staff. Plans are in place to continue to explore new overseas campaigns to support existing pipelines.

While MEHT's focus in 17/18 has been on developing its national and local recruitment strategies, robust overseas recruitment plans are in place with further discussions regarding developing an overseas strategy in 2018/19.

c) UK Recruitment Events

All sites have a UK national and Local recruitment events programmes in place. These include Monthly HCA and RN recruitment events, with dates planned throughout the year targeting hard to fill areas and top overspending wards. SUHT, for example, has a UK recruitment plan which includes, increasing involvement in career fairs, working with partner schools and colleges. This includes plans for the introduction of a talent pipeline for HCA roles with partner schools and colleges, a calendar of local community and recruitment events including an International Nurse Day and attendance at local festivals and shows. BTUH has in place a well-organised programme of Nursing Open Days by specialist areas including surgery, medicine and Accident & Emergency. MEHT runs open days, with job fairs and job boards.

d) Developing the Bank offer to support a reduction in agency use

Compliance with the Agency Ceiling that has been set for 2018-19 is essential for all three Trusts. The intention for the three Trusts in the group is to achieve this through improved recruitment initiatives, enhanced use of HealthRoster, increased forward booking by the Staff Bank and increased pressure on non-compliant Agencies to become cap compliant.

e) Centralised Recruitment and collaboration

One of the significant challenges as a group is the continued operation of three separate transactional recruitment teams. Achieving the centralised model for transactional recruitment activities in 18/19 will ensure that benefits of speed and efficiency in the recruitment process can be realized. Our aim will be to establish a local shared service centre. This centre will handle service all aspects of the resourcing processes (including rostering, permanent recruitment (medical and non-medical), temporary recruitment (medical and non-medical), establishment control and processing starters, changes and leavers. It will handle high volumes of transactional activity, quickly and efficiently.

This will be supported by the development of metrics, KPIs and SLAs leading to improvements in Time to hire and faster onboarding of new recruits. Each site will have proactive recruitment managers working with directorates to forecast recruitment needs to support hard to fill vacancies and support fulfilment of new roles.

f) Recruitment Premiums

Attraction and retention schemes such as 'golden hellos,' and recruitment, and retention packages are in place for specifically identified roles across each site. Programmes such as the refer a friend scheme will continue to be explored.

g) Social media

All sites have a social media presence. Use of social media for active and passive recruitment targets will be increased. A group marketing campaign using social media will be developed in conjunction with communications and social media recruitment leads identified across all three sites.

All recruitment activity will continue to be posted on each Trust Website, Facebook and Twitter sites. A social media campaign will be developed to include joint advertising as a group on these sites ensuring that all roles across the three sites are prominently displayed on each Trust website.

Further work is required to explore the use of LinkedIn effectively through targeted marketing both locally and internationally, partnerships with organisations and overseas healthcare organisations,

h) Partnerships with universities and Newly Qualified Staff

Campaigns and presentations at universities to target NQN's will continue, developing on already existing models. An important part of our recruitment strategy will be to recruit local nursing students. We will establish extensive keep in touch schemes to ensure we recruit approximately 85% of Students on the degree nursing courses that come to the Trust on placement each year.

Conditional offers of employment will be offered and guaranteed places at one of our three sites will be made available to students, prior to completion of their training. Our partnerships with Anglia Ruskin and Essex Universities will continue to target Newly Qualified Nurses for the March and September recruitment dates. This will include Universities and College presentations to target newly qualified nurses

In addition, we will strengthen our approach in 18/19 to offer work experience placements and career development events to attract local school and college students into a career in the NHS and focus these activities on hard to fill areas.

i) Apprenticeships & Grow our own

Developing apprenticeship programmes and using the new Apprenticeship levy as an opportunity to up-skill our workforce will be our priority over the next 3 years.

Mid Essex has recently had 10 staff completing the work-based learning degree with 10 staff complete and join the NMC register at the end of 2017. 'Growing our own' by the development of various roles of Band 4 Clinical Role opportunities (Associate Practitioners and Band 4 Nurse Associates) will continue. We will develop career pathways to make the best use of the levy offering apprenticeships to develop staff, raising the level of skills available and contributing to help individuals achieve a higher level of qualification.

The development of a nurse career pathway to support existing HCA staff to commence a Level 2 or Level 3 HealthCare Support Worker Apprenticeship to enable progression to the Higher Apprenticeship Assistant Practitioner Level 5 programme and progress onto the Registered Nurse degree 'top-up' Programme is already underway. Several internal HCAs have joined the Trust apprentice programme to provide a career pathway from HCA through to qualified nurses.

The 'Grow our Own' ambition will further evolve with the introduction of apprenticeship opportunities across a wide range of professions including Finance, Human Resources, Estates & Facilities, People & OD and IT.

A nurse career pathway has been developed which supports the 'grow our own' strategy. Additional career pathways will evolve as Health and Social Care Apprentice Standards become available. Ongoing engagement with our community partners, schools and colleges will facilitate some of this, as we explore options to offer workplace learning for apprenticeship placements in health and social care through further education colleges.

Apprenticeships in other staff groups such as Cardiac Physiology, ODPs, Radiology and therapy services will be explored.

Mid Essex has been successful in its "*Come Back*" campaign encouraging nurses no longer active on the register to undertake the back to nursing programme. We will expand on this for the group using posters in local organisation and schools. Our recruitment campaigns, branding and marketing strategy will also include a return to practice programmes and open days to attract returnees.

j) Skill Mix Reviews – Developing alternative roles and reviewing the staffing model

Building on the work already taking place on each site we will implement a learning programme and share knowledge and continue to explore and implement the use of ANPs, ENPs, Band 5.5 developmental roles and staff rotations.

Appendix D

MSB Nursing & Midwifery Retention Strategy Executive Summary

Context

Recent analysis by the Nuffield Trust (2017) showed the national Registered Nursing vacancies being as high as 42,000 with recent figures published by the NMC (2018) showing more nurses leaving the register than joining. In January 2018, NHS Digital reported 33,000 Nurses and Health Visitors left the NHS within the year equating to 10% of the profession. (3,000 more than what joined).

The profession also has an ageing workforce with half of Nurses and Midwives being older than 45 and 13.6% between the ages of 55 and 64 and therefore eligible to retire. Coupled

with this, the numbers of applicants for Nursing & Midwifery degree programmes have also dropped by 23% since the removal of the education bursary. Less than 60% of nurse training places commissioned in 2016 (8000 of 14,417) are expected to result in a student entering the NHS workforce on qualification

This workforce challenge has transposed locally with currently 731 Nursing & Midwifery vacancies across the MSB group with a 14.64% Turnover in the last twelve months.

Figures produced by NHSI (2017) show that nationally the workforce challenge has subsequently led to the NHS spending £2.9 billion on agency staff.

This coupled with the local challenges such as geography and difference in pay arrangements between each site poses significant workforce challenges with students for example travelling from East London to study in Essex preferring the easier commute to Basildon or Mid Essex. Those who live in London return to London to take up employment together with receiving the high cost area allowance and an array of career opportunities at internationally recognised organisations.

The strategy will provide a live Nursing & Midwifery retention plan that compliments the Mid Essex, Southend & Basildon (MSB) group workforce strategy, and aligns with the group corporate values and objectives.

It is underpinned by five main principles that will drive forward a modern, flexible, innovative workforce that is able to meet the service needs of our population both now and in the future

Key Aims of Strategy

- To reduce Nursing staff turnover to over the next 12 months
- Reduce the vacancy gap
- Reduce the group reliance on bank & agency staff
- Develop robust governance arrangements to monitor progress including Nursing retention quality dashboard
- To reinforce the use of data to inform areas of Improvement
- To recommend next steps

Strategic Principles

The above will be achieved through five key domains as follows:

- Culture, Values and Engagement
- Career Pathways
- Education & Development
- Innovation & Transformation
- Leadership and Succession Planning

Key Measures

Delivery of the strategy will be monitored through a robust Nursing & Midwifery governance framework with key action plans, timescales and persons responsible measured against agreed key performance indicators & Quality metrics

Exception reports will be monitored by the group and risks escalated as required through the governance framework and group risk register. The Key Performance Indicators will be featured as part of the nurse retention strategy

Quality Metrics:

- Reduce patient complaints
- Improve Patient experience
- Reduce patient falls, Pressure Ulcers, Medication Errors
- Red flags in line with NQB recommendations
- SAFER compliance

The retention strategy will be presented at the next JWB in June.