Health Education England

clevertogether

BACKGROUND

OUR JOURNEY TO HELP UNDERSTAND AND TACKLE STAFF RETENTION CHALLENGES

faced by the health and care services across Kent, Surrey & Sussex

This project deployed Clever Together's core crowdsourcing method and technology as an exploratory research tool.

Step 1: Get clear on our mandate to engage – who and for what ends?

Step 2: Create a plan to generate interest from your target crowd and be clear about who took part.

Step 3: Capture quantitative and qualitative input from your crowd, turn input into insight by analysing with statistical and grounded theory methods and triangulating with literature and other evidence bases.

Step 4: Turn your insight into action by triangulating data and insight with policy and evidence to produce recommendations.

MANDATE

OUR FAILURE TO RETAIN GOOD PEOPLE CREATES A HOST OF CHALLENGES

FINANCIAL WASTE

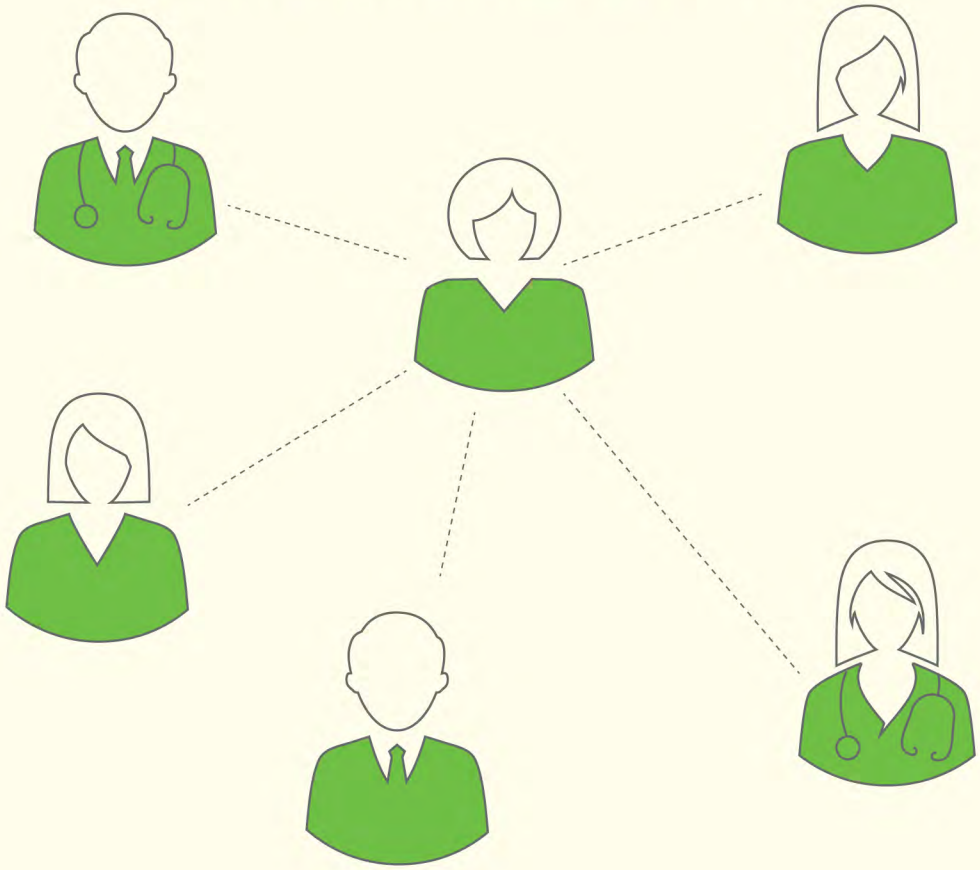
TIME WASTE

SAFETY

SERVICE QUALITY

PATIENT EXPERIENCE

OUR HUMAN RESOURCE, ORGANISATIONAL DEVELOPMENT AND CLINICAL LEADERS ARE STEPPING UP TO THE RETENTION CHALLENGE, YET MORE IS NEEDED TO HELP SHARE PRACTICE AND EVIDENCE



MANDATE

SUSTAINABILITY AND TRANSFORMATION PARTNERSHIPS SEEK TO TACKLE THE RETENTION CHALLENGE

Kent and Medway

"...we will focus on leadership and talent management, putting the workforce as the enabler of transformation"

Surrey Heartlands

"...we want a best in class workforce... will focus on the 'employee offer' to retain great people within clinical and business support services"

Sussex and East Surrey

"...we will develop smart retention programmes broadly and focus on specific troubled areas, such as newly qualified people and paramedics"

THE CONTEXT ABOVE REVEALED A CLEAR MANDATE FOR THIS PROJECT

We designed an online summit:

A one month virtual space for the health and care workforce to:

Share, explore and understand the prevailing narrative about retention.

What do staff believe might cause or solve our staff retention challenges?

Consider our collective toolkit of practice.

What are we doing now to improve retention and what evidence do we have, it works.

Start, strengthen or enhance our local communities of practice.

How can we better work together?

Listen to and learn from the lived experience of those in our health and care services.

Can we provide a non-judgemental, safe and open space to explore retention productively?

HELPING OUR WORKFORCE TO THRIVE

Leaders across the region wanted to kick-start a fresh approach to addressing our retention challenges.

INTEREST

IN PRINT, IN PERSON, ON-LINE

We designed a multi-channel approach to win the interest of our health and care workforce and invite them to an online summit.

PRINT COLLATERAL

10,000+ flyers

200+ posters

DIGITAL MARKETING

Google display ads 959,596

FACE TO FACE, ACTIVATIONS

x4 trusts, all day activations

WORKSHOPS

x3 physical workshops with Trusts

EMAILS TO LEADERS

850 leaders to distribute with teams = 7,650 direct emails

DIGITAL COLLATERAL

Website,

x1 video

x1 animation

'000s of screen savers

'00s of intranets

'00s of email footers

SOCIAL MEDIA

Twitter x58,872 impressions

Facebook 32,715 impressions

LinkedIn content 399

LinkedIn Ads 7,961

Our activation team in action

INTEREST

OUR COMMS EFFORTS CUT THROUGH THE POST-ELECTION NOISE TO CREATE A RICH DATA SET OF LIVED EXPERIENCE

30,374 visited our online summit

10,093 read content

1,297 completed the gateway questionaire

1,227 people participated in our online workshop

Quant questions about

Intentions to leave.
Feeling of involvement.
Growth mindset.
FFT.
Demographics.

Qual questions about

How to keep our people - if everything was perfect.

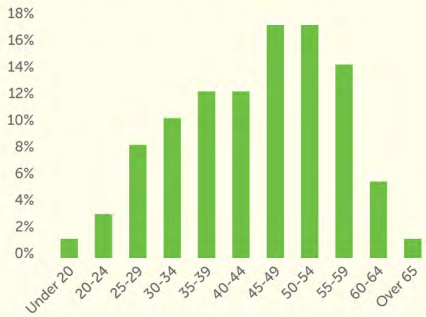
Why we lose people.

The good things your organisaton is doing.

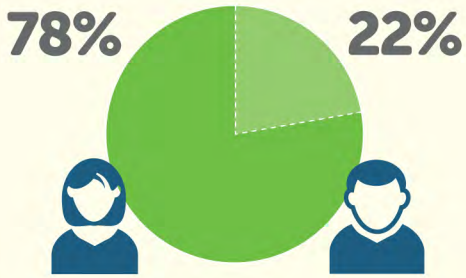
24,888 qual and quant data points

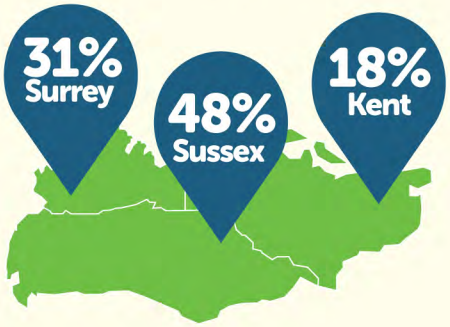
OUR DIFFERENT REGIONAL, GENDER, AGE, ETHNIC AND PROFESSIONAL GROUPS WERE ALL REPRESENTED

HOW OLD ARE YOU?



MALE AND FEMALE COMPARISON





50:50

Clinical : Non clinical

24% nurses and midwives.

23% qualified scientific, therapeutic and technical staff.

5% doctors.

4% social care workers.

The NHS clinical and non-clinical voice contained all professional, ethnic and age groups, we were open to the social care voice, yet this was harder to reach.

INSIGHT

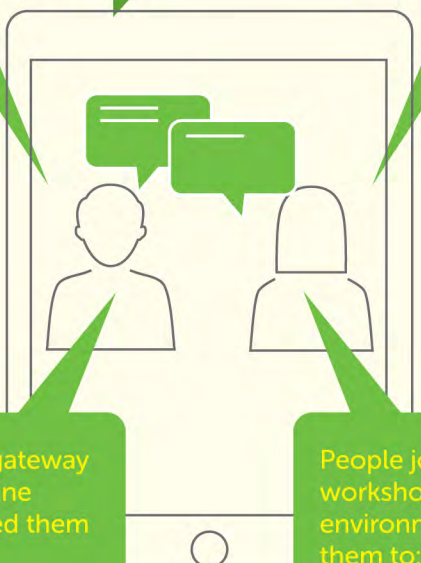
WE UNCOVERED NEW INSIGHT THROUGH GREAT QUESTIONS, GREAT FACILITATION, SMART ANALYTICS.

Our online summit was a one-month digital destination designed to:

1 Share the retention challenge.

2 Stimulate the sector with compelling literature and insight about retention.

3 Invite the workforce to join an online workshop to discuss retention.



People completed a gateway survey to join our online workshop, this enabled them to share:

- Info about them and their role.
- Self-rating of their current relationship to their work and employer.

People joined our online workshop, a safe anonymised environment that enabled them to:

- Share ideas about:
  - How to keep our people – if everything was perfect.
  - Why we lose people.
  - The good things our organisations are doing.
  - Rate and comment upon the ideas of others.

Grounded theory approaches to data coding underpinned our semantic analysis of the workshop conversations.

We revealed:

27 first order concepts

12 second order constructs

4 overarching themes

INSIGHT

CONVERSATIONS REVEAL THE FOUNDATIONS OF A "MODEL EMPLOYER"

Our health and care workforce wants to feel...

Well-led

- Have the right level of autonomy.
- Feel safe in their working relationships.
- Are treated fairly.
- Have their status respected.
- Are certain about where their organisation is going.

Well-managed

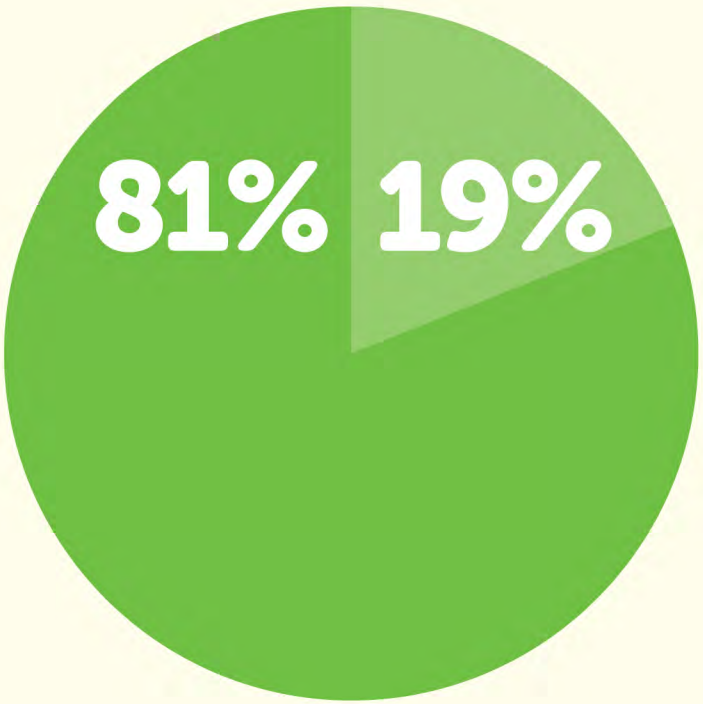
- Acceptable pay and benefits.
- Have good workforce planning.
- Health and well-being is looked after.

Their work is meaningful and they can access opportunities for growth

- Have and can grasp opportunities for growth.
- They feel the significance of their tasks.

Their workspace is fit for purpose

- Their work equipment and the environment are regularly updated and well-maintained.
- They find it easy to get in and out of work (including access to car parking).



Combined, the meaningful work, professional growth and workspace conversations represent a weaker signal in the data (19%), as 81% of the conversation was taken up by the management and leadership issues.

INSIGHT

Statistical analyses of the survey data was then compared to themes in the emerging model employer framework

WE FOUND OUR SYSTEM HAS SEVEN TYPES OF HEALTH AND CARE STAFF "WORKFORCE PERSONAS"

Scores garnered from survey responses:

* (i) As a place to work and (ii) as a place to receive/commission care

** Extend to which you (i) feel satisfied with your level of responsibility and involvement, (ii) look forward to going to work, and feel enthusiastic about and absorbed in your job (ii) are able to make suggestions to improve the work of my team / department / organisation, and have frequent opportunities to show initiative and make improvements at work.

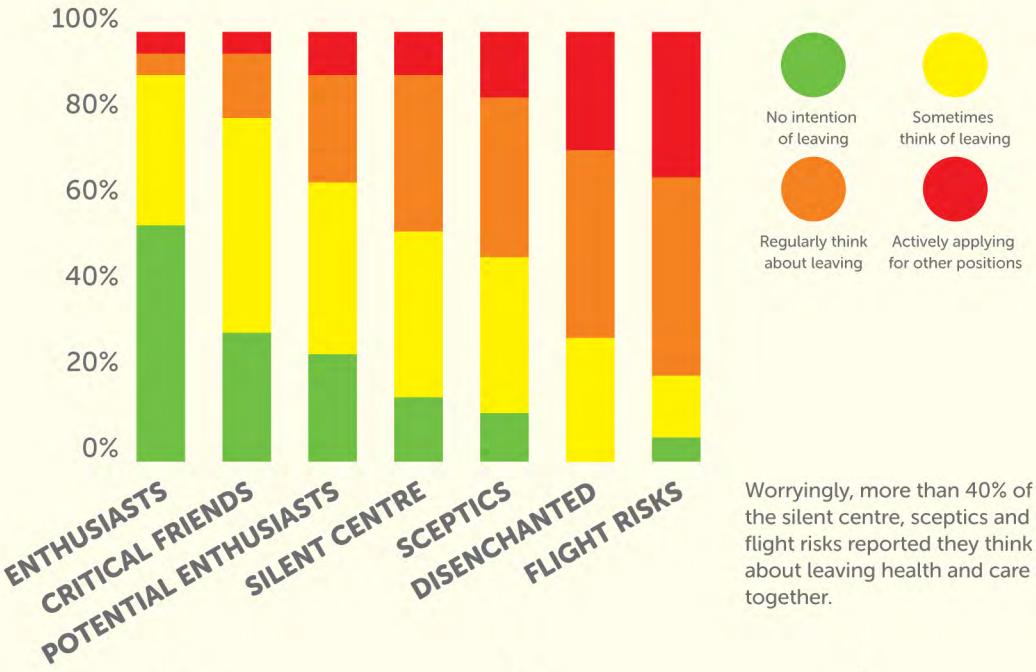
Our survey data analysis revealed it is possible to segment our participants into seven groups based upon how involved they feel in their work and if they'd recommend their place of work.

The profile of each group (e.g. professional and age mix, etc) is very similar, the key differentiator is intention to leave.

INSIGHT

SHOULD I STAY OR SHOULD I GO?

We found different personas have different intentions



Worryingly, more than 40% of the silent centre, sceptics and flight risks reported they think about leaving health and care all together.

ENTHUSIASTS

"Our Trust is great at valuing and recognising the potential in its staff and in supporting its staff with the various training and job promotion opportunities."

CRITICAL FRIENDS

"I work in an office with several others who are Band 4s, working to the same standard as them but being told I can't be upgraded due to lack of funds. Whilst I do feel appreciated for what I do a monetary appreciation would serve me better."

POTENTIAL ENTHUSIASTS

"I feel capable of offering a lot more, but am left feeling undervalued. I am reluctant to leave as I want to make my local NHS service better for patients, but there comes a point when there is no option if I want to become a better clinician. There are no opportunities to move into a higher banded clinical post."

THE SILENT CENTRE

"I think back to when I first qualified. The opportunity to learn, investigate and try new ideas in practice were opportunities junior staff were given. I would like to have that opportunity to make things better by having time to be involved in service improvement with management support."

SCEPTICS

"I used to work in an NHS that valued its staff by looking at personal development (what further study or skills suit you as a person) rather than what can you do for your particular service and if what you are interested in, is not directly related, you can't do it. Such a shame."

DISENCHANTED

"There is complete lack of investment in staff development at our trust. I understand this in theory due to budgetary restraints but ultimately it doesn't make good business sense and is completely demoralising."

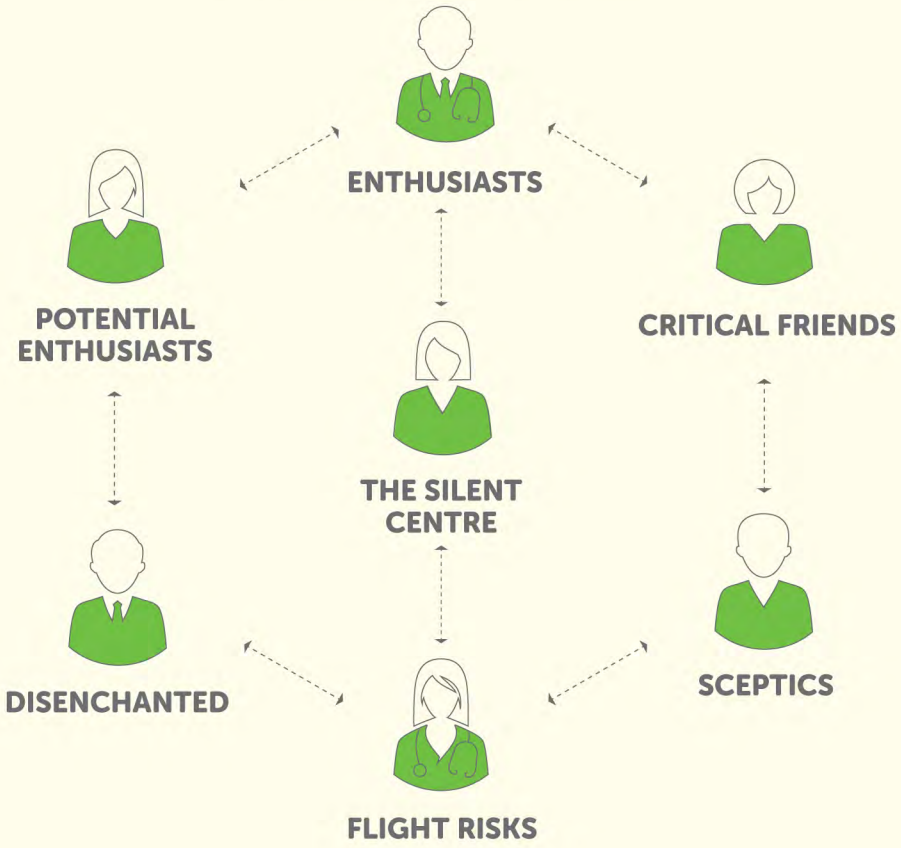
FLIGHT RISKS

"I'm leaving after 20 years as a health visitor. There is no career progression unless you want to go into management or teaching ... The frustration is just too much."

INSIGHT

WE FOUND THESE "PERSONAS" ARE STATES NOT TRAITS

Follow-up focus groups reveal that there may be typical journey's from one state to the next – which can be gradual or rapid – and that adjacent personas are more likely to influence one another (positively or negatively).



WELL SUPPORTED DIRECT RECOMMENDATIONS FROM STAFF

"We'd feel well-led if our leaders..."

- Established smarter systems and processes to capture staff feedback during change processes.
- Offered more meaningful long-service awards.
- Established smarter leadership development programmes and 360-degree appraisals.
- Ensured leaders spent time with frontline staff - to get to know their everyday reality.
- Ensure staff who do not perform well are held to account.
- Ensure both sides are protected in bullying and harassment cases until a decision is reached.
- Ensure they allowed staff to hold them to account, too, i.e., staff feedback on their performance is taken into consideration.

We'd feel well-managed if our managers...

- Ensured our benefits are equally applied to all bands, including opportunities for flexible working.
- Could offer food, housing or health and wellbeing subsidies.
- Provide fare overtime pay.
- Provide protected time for staff to reflect and share their experiences with their peers.
- Conduct timely and effective recruitment campaigns.
- Find ways to keep those reaching retirement age in the system and utilise their knowledge and skills.

Naturally, some conversation revolved around reviewing the "high cost of living allowance" and "reinstating the national pay review body and providing pay rises", but these was tiny themes in relation to other issues raised.

ACTION

THERE ARE NO SILVER BULLETS

Deeper recommendations are revealed by exploring cross-cutting themes and the aggregate analyses and triangulating these with other research and retention data

Recommendations for system leaders

We need to re-frame the retention challenge

• **Focus more positively on creating "best place to work" and question if we even have a retention challenge (we don't compare to other sectors).**

• **Set targets for turnover and retention that are coherent at organisational, STP and regional level,** ensuring that individual organisations, and the wider health and care system, retain high-quality employees.

• **Develop a system-level strategy for "best place to work"** (which will cover retention), to ensure highly-performing staff who are considering leaving their roles are retained within the wider health and social care system.

• **Enhance data collection:**

– Establish enhanced data collection at the point of staff resignation, to **enable for a distinction to be drawn between those who leave to join another health and social organisation, and those who leave the system altogether.**

– **Consider how smarter data can be collected through recruitment processes,** showing the organisations that people have come from and their reasons for leaving, can be collated and shared across the system, allowing individual organisations to better understand reasons for staff turnover.

– **Consider developing an independent body** to run this process to earn staff trust / assure anonymity / help get the truth.

We need to develop systems leadership

• **Address perverse incentives.**

• Address systems challenges by bringing **people together from across the silos, professions and hierarchies in the system to share their experiences and ideas,** for example, by creating safe forums in which professionals from different organisations can collaborate to solve common problems (primary-secondary care doctors may be a good start).

• **Form/enhance communities of practice** to address specific areas where people share a passion for change and identify solutions to improve both patient and staff experience.

• Introduce flexible approaches to solving complex challenges and **enable more rapid responses to staff ideas, suggestions and concerns.**

• **Develop the capacity of managers to lead when not formally in charge,** influence across boundaries, and collaborate more effectively to achieve net system benefits.

Recommendations for organisation leaders

Adopt new organisational approaches to retention

• **Develop and trial targeted retention strategies based on personas,** with high, medium and low performing organisations, to test and validate their use in practice.

• Support managers to **use the personas to adapt their management approach for different members of staff,** particularly understanding what motivates staff to stay, and the causes and effects of poor performance.

• **Set clear organisational expectations for employees behaviour** – through co-created values frameworks.

• Empower managers to **deal robustly with poor performance, to facilitate functional turnover.**

Ensure psychological safety

• **Embed the concept of psychological safety** - power dynamics, attitudes and behaviours that engender or undermine it should be more widely understood at every level of the hierarchy.

• **Creating psychological safety should be included as a core competency of leadership** and as part of managers' appraisals.

• Formal processes to deal with complaints of bullying or other grievances often leave all parties dissatisfied. Improvements in **informal conflict resolution skills** and mediation may be helpful.

Support management capability

• Make the organisation's **expectations of managers more explicit** to all managers and staff members. In much the same way that the expectations and skills of clinical practice are clearly laid out, managers' behaviours should conform to accepted practices and be addressed when they do not.

• **Managers should ensure they welcome the concerns and ideas of staff,** and create both psychological safety and appropriately manage team performance.

• Managers, particularly those new to line management roles, should be supported to develop the skills necessary for this work. **Management should not be a route to professional advancement but seen as a skillset in its own right.**

• Identify pockets of **positive deviance in leadership excellence** - at all levels in the organisation - as reported by staff members. Engage these leaders and their teams in an appreciative inquiry into the root causes of their high levels of job satisfaction and quality of their results.

Embed retention and engagement initiatives

• **No more lip service or shallow initiatives - less is more** - let's focus on a few big hitting initiatives and see them through.

• **Recognise that how "enthusiasts" communicate about the organisation will be likely to antagonise** the silent centre, sceptics, disenfranchised and flight risks

• **Engage staff more in providing the ideas, and in the design and delivery of the change initiatives.** People tend to own what they help to create and their involvement at all stages will help create more buy in.

• **Increase tolerance for acceptable forms of failure.** Some initiatives could start as small experiments to test concepts, with rapid iterations and a focus on learning from mistakes, before committing additional resources.

• Focus on incorporating any development or change activity into daily practice. Sustaining different ways of working is the hardest part of leadership development and change initiatives. Under pressure, people tend to resort to old habits. **Provide the time and support for staff to embed the desired changes.**

• **Evaluate impact qualitatively as well as quantitatively.** Too often people experience interventions as not having made much difference. Demonstrate what changes have succeeded and what enabled them.

Recommendations for all

Further research, experiments and prototypes

Explore and enhance our "Model Employer" framework

The findings of this study point strongly towards the need to shift the conversation away from a narrow focus on staff retention, towards how organisations and systems can become the kinds of model employers where staff want to work in the long-term. We believe the conversation held this year in Kent, Surrey and Sussex lay strong foundations upon which an even more robust model for organisational development can be built.

We recommend leaders:

- Explore how the aspirations of participants expressed in the online summit can be combined with findings from other work on retention and organisational development, to **further develop conditions for a "model employer".**
- Consider **how the model employer conditions might be expressed as an organisational maturity model** - a developmental, not punitive tool, which identifies the key developmental stages, and how organisations might progress between them.
- **Examine the relationship between organisational, clinical and financial performance and the assessment of organisations against the model employer maturity model.**

Explore and enhance our "persona" framework

The seven personas discovered in this study have the potential to be used to understand staff motivation and behaviour, and to influence the likelihood of people staying in or leaving their roles. As the follow-up workshops and focus groups highlight however, further research is needed to understand how these personas might be used in practice, and to validate their usefulness as a management tool.

We recommend leaders:

- **Undertake an appreciate inquiry** into the different personas, to better understand hopes, fears and desires and their motivations to leave or stay.
- Conduct further research to understand **how staff members move between persona types over time,** and how this can be managed to ensure employees are not unnecessarily lost through avoidable turnover.
- Create **persona heat maps for individual organisations to explore their distribution of each type, then examine the links between those distributions and organisational performance,** particularly considering regulators' ratings and patient outcomes.

Use design-thinking to develop a how-to guide, including a series of tests, prototypes and co-creation sessions

We recognise that business leaders wrongly obsess with reductive analyses that are best suited for a stable or predictable world and, instead, we promote a process of divergence and convergence, through empathy and experimentation, that is better suited to the uncertainty surrounding topics like retention. Whilst lots of recommendations have arisen from this study thus far, we suggest adopting the model of "design thinking" for the next phase of this work. This is especially important, given the project's exploratory nature. It means hosting an open workshop process to build a plan of "action research" that can help shift the needle on retention across the region, rather than developing a traditional command and control action plan.

We recommend leaders co-create an action plan, using design-thinking, that may end up looking like this:

What is?	What if?	What wows?	What works?
Empathic and appreciative inquiry (AI) to explore journey and value chains.	Brain storming and concept developement.	Assumption testing and rapid prototyping.	Staff co-creation and learning launch.

Focused on issues such as:

· A collective process of reviewing and developing retention strategies, with staff;

· Enhance the model employer framework - a developmental maturity model;

· En masse leadership development;

· Clinical conversations across professions and settings; and

· Enhance data capture regarding "reasons for leaving".

THANKS

A BIG THANKS TO LEADERSHIP AND INVOLVEMENT FROM

NHS Western Sussex Hospitals NHS Foundation Trust

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NHS Ashford and St Peters Hospitals NHS Foundation Trust

NHS Kent Surrey Sussex NHS Foundation Trust

NHS *Health Education England*

clevertogether

Royal Surrey County Hospital NHS Foundation Trust

Surrey and Sussex Healthcare NHS Trust

East Kent Hospitals University NHS Foundation Trust

Sussex Partnership NHS Foundation Trust

CSH Surrey

Dartford and Gravesham NHS Trust

East Sussex County Council

Sussex Community Foundation Trust

Kent and Medway NHS and Social Care Partnership Trust

Kent Community Health NHS Foundation Trust

South East Coast Ambulance Service NHS Foundation Trust

Surrey and Borders Partnership NHS Foundation Trust

East Sussex Healthcare NHS Trust

Queen Victoria Hospital NHS Foundation Trust

Medway NHS Foundation Trust

Voluntary or Independent healthcare provider

Medway Community Healthcare

Care home

Integrated Care 24

First Community Health & Care

Maidstone and Tunbridge Wells NHS Trust

Frimley Health NHS Foundation Trust

Virgin Care

Our region's CCGs

Our primary care friends

Our social care friends

Volunteers from across the region

Private / independent healthcare providers

THIS PROJECT WAS A HUGE UNDERTAKING

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We have a full presentation report and detailed research paper to share.