

RECRUITMENT & RETENTION

STRATEGY

2005 – 2008

August 2005

Document Control

Doc. Ref. No.	HRSTR001
Title of document	Recruitment and Retention Strategy
Author's name	Ingrid Derbyshire
Author's job title	Head of Human Resources
Dept / Service	Human Resources
Doc. Status	Final v1.0
Based on	Employment legislation and Good Practice
Signed off by	Remuneration Committee
Publication Date	August 2005
Next review date	August 2006
Distribution	

CONTENTS

	Page No
1. Introduction	3
1.1 Strategic Context	3
1.2 Strategic Content	3
1.3 Supporting Recruitment and Retention in partnership with our Independent Contractors	4
2. External Developments	4
2.1 Outreach to Local Community	4
2.2 International Recruitment	6
2.3 Return to Practice	6
2.4 Building a Professional Reputation	6
3. Internal Developments	7
3.1 Working Flexibility	7
3.2 Training and Development	8
3.3 Staff Involvement	9
3.4 Reward and Recognition	9
3.5 Systems and processes	9
4. Agenda for Change	10
5. Delivery and Review	10
6. Conclusion	10
7. Appendices	
<i>Appendix (i) – National Initiatives</i>	11
<i>Appendix (ii) – Legislation</i>	12

1. INTRODUCTION

Bolton PCT has a vital role to play in providing effective patient care and improving the health of the local community. To do so the PCT must have in place a workforce sufficient in numbers and skills to meet the demands of providing healthcare services to such a diverse community, with specific needs.

This strategy and supporting action plan sets out the ways in which the PCT will work towards recruiting and retaining a skilled and dedicated workforce over the next three years, promoting an environment which supports personal and professional development to make the PCT an employer of choice, and to enable our staff to provide excellent patient care.

This document is supported by the objectives of the PCT Business Plan and Local Delivery Plan, the PCT Workforce Plan, the HR Strategy, the Equality and Diversity Strategy, Agenda for Change, Corporate Citizenship Strategy and the Improving Working Lives Action Plans.

1.1 Strategic Context

National Initiatives

A number of initiatives developed at a national level are key elements in modernising the NHS, and should therefore be considered within this recruitment and retention strategy. These are summarised at Appendix (i).

Legislative Requirements

There are various pieces of legislation for the PCT to consider when recruiting and retaining staff, these are listed at Appendix (ii).

1.2 Strategic Content

This strategy is divided into areas of External and Internal development.

The external section concentrates on working in collaboration with external organisations such as schools and colleges and employment agencies as well as the local community in developing working relationships and proactively seeking new recruits.

The internal section concentrates on improving the working conditions of staff within the PCT ensuring the PCT becomes an employer of choice within the local community and beyond.

1.3 Supporting Recruitment and Retention in partnership with our Independent Contractors

The reality for most members of the public is that the majority of healthcare they receive will be provided by staff who are not direct employees of the PCT. This is particularly true of services from GP's. This strategy will therefore seek to offer support, advice and guidance to independent practitioners on how to best recruit and retain staff.

The PCT's strategic direction for the development of Primary care Services will be modelled around the following principals:

- More services closer to home (reducing need for hospital admission)
- Reducing inequalities in health and healthcare
- Improving the patient experience
- Developing new ways of working

Service redesign to support implementation of the Primary Care Strategy will require robust workforce development and recruitment and retention plans. The following priorities are incorporated into this strategy:

- to extend the number of salaried roles for GPs and other Primary Care professionals.
- to develop new roles to assist in the delivery of a wider range of services in the community including Tier Two, Case Management for patient with long term chronic diseases.
- to offer a variety of career packages and employment contracts including term time working, sessional contracts
- develop better links with education/academic establishments to improve the PCT's role in training and ensure educational courses meet the changing needs of the service
- to provide support to Independent Contractors in the recruitment and retention of staff working in general practice

2. EXTERNAL DEVELOPMENTS

2.1 Outreach into the local community

The PCT is committed to ensuring that all local groups have equal access to opportunities of employment, including traditionally excluded or marginalized groups.

Currently the PCT does not fully reflect the diversity of the local population. By developing initiatives which will actively encourage local residents to come

to work for the PCT we can develop a workforce which is more representative of the local community but also more likely to stay within the PCT.

There is a common misconception that careers within the NHS comprise clinical roles only, whereas in fact a wide variety of roles are available across different staff groups. Raising awareness of these options is important in attracting prospective employees. The PCT intends to progress this work in a number of ways: -

a) Engaging with academic institutions and other local organisations

The PCT will target schools and colleges and links will continue to be developed with other local institutions.

We will also build on the strong links we have with the Deanery related to GP and Dental workforce education and development.

It is also essential to develop and foster relationships with the local media, job centre plus and specific agencies whose aims are to support recruitment into the health and care sector of the local economy.

b) Targeting the local community

The PCT is aware that a workforce which is representative of its local community can build trust among patients and provide better quality patient care. The PCT is committed to developing a workforce which represents the diversity of the community at every level.

c) Development Schemes

Local Community

The unemployment rate within the local labour market was 2.3% in January 2005. However within Bolton there are significant numbers of people of working age who are economically inactive (17.2%), due to health problems, caring responsibilities and for other reasons, who could provide valuable resources in terms of staff shortages. Rates of economic inactivity are considerably higher in Bolton's more deprived communities.

Those with Health problems and caring responsibilities clearly have considerable skills to offer the NHS. However this population is likely to need a range of support in the form of flexible working, healthy working practices and occupational health services to support both recruitment and retention.

Many of our jobs require specific skills that may not be fully developed within the local community, so to fully utilise the local workforce the PCT will need to provide appropriate and adequate training.

GPSI

GP recruitment is improving due to special interest roles being developed, these roles can also create new opportunities for existing GP's.

Salaried Roles

With the aim of increasing the number of GPs in Bolton we have developed alternative employment arrangements by introducing salaried posts. This has improved recruitment by bringing additional doctors into the area and offered more suitable employment arrangements to existing GPs who have transferred to salaried positions. Work has involved the development of salary scales, employment contracts, job planning and mentorship and other employment policies including use of non-NHS income.

2.2 International Recruitment

In addition to working within the local community and nationally the PCT will explore if necessary the viability of international recruitment. However this is a costly and time consuming process, so the possible benefits of such an undertaking should be thoroughly investigated and other local and national initiatives explored prior to developing such a scheme.

Bolton has an increasing migrant and refugee community including people who have worked within the health service in their country. Often the skills of this group are not utilised locally due to difficulties transferring professional registration or lack of hands on experience within the UK health system. This is an area for further development.

2.3 Return to Practice

A key national initiative in the recruitment and retention of NHS staff is encouraging the return to practice of nurses and AHP's who have not been working in the NHS for six months or more.

2.4 Building a professional reputation

It is important for the PCT to develop a positive image within the local community and in relation to all external parties. The above initiatives will help the PCT achieve this aim; however further work will be carried out into external communications.

During 2005 the Human Resource department will work in improving the quality and presentation of its recruitment materials. In addition work is in progress to maintain and improve service standards throughout the recruitment process.

3. INTERNAL DEVELOPMENTS

As stated previously, the key initiative underpinning the internal development section of this strategy is the IWL framework. The PCT will be assessed against IWL practice Plus standards in Autumn/Winter 2005 and work is progressing to enable a successful assessment.

The IWL programme is separated into seven standards, which comprise; *HR Strategy & Management, Equality & Diversity, Staff Involvement & Communication, Flexible Working, Healthy Workplace, Training & Development, Flexible Retirement, Childcare and support for carers*

This strategy incorporates all of these standards.

3.1 Working Flexibly

Developing and promoting flexible ways of working within the organisation is key to attracting and retaining staff.

a) Flexible working

Flexible working practices have gained prominence over the last two years, through the introduction of legislation and through the promotion of initiatives such as IWL. The PCT is aware that employees want more from their working life than previously, so we need to promote a wide range of options to attract staff within today's competitive labour market.

Flexible working includes a number of options, all of which may help attract staff to the PCT as well as enhancing the working lives of existing staff. These include *Part time working, Flexitime, Job Share, Term time working and Career Breaks*.

The PCT encourages all staff to consider flexible working options where these may benefit their personal circumstances; any requests for flexible working patterns are considered in the light of service needs. A Flexible Working Policy and Guidelines has been developed in order to support staff and managers when agreeing changes to existing working arrangements.

Various flexible working initiatives are already in operation within the PCT and a system is being developed within the HR department to collect, monitor and audit the use of these initiatives.

b) Flexible retirement

Development of the current workforce strategy has highlighted that 57% of the workforce is aged over 40 and only 12% under 30. This suggests an ageing workforce. In particular within our largest staffing group, nursing, 60% of staff are aged over 40 and only 9% under 30.

A flexible retirement scheme designed to encourage staff reaching retirement age to remain at work longer, or alternatively to return to work post-retirement, would go some way to alleviating this issue. However development of programmes to retain older workers needs to be considered.

c) Flexible careers

As well as encouraging flexible working patterns, developing flexible working careers will assist in the retention of skilled, experienced staff. The NHS Plan encourages NHS organisations to work creatively to meet the needs of both patients and staff, this can be done in a variety of ways for example Rotational Schemes, Secondments, Role Redesign, and Skill Mix.

Utilising the above initiatives will encourage the PCT to think more creatively about the way in which staff work. They will support managers and staff in maintaining a work life balance which is right for the individual, helping to improve staff morale and maintain their commitment to the PCT and the NHS.

d) Childcare and Carers

The PCT recognises that childcare difficulties may have a considerable impact on staff, the PCT therefore together with the acute Trusts has appointed a Childcare Co-ordinator to advise staff on childcare options and facilities.

In addition to childcare the PCT is also committed to supporting staff who care for dependents. The Family Policy contains provisions for parental leave and time off for dependants and other domestic and family leave.

3.2 Training and Development

The PCT is committed to providing high quality learning and development for all staff. All staff have an appraisal and development review with their manager on an annual basis in line with the NHS Knowledge and Skills Framework. During this review a personal development plan is developed.

In addition all staff undertake mandatory training. This includes:-

Corporate Induction, Departmental Induction, Moving and Handling, Risk Management, Conflict Resolution, Child Protection, Vulnerable Adult, and Basic Life Support.

Many clinical skills training sessions are also delivered including Venepuncture, Central Lines and Picc lines, Anaphylaxis, and Ear Care.

In addition to mandatory training non-healthcare professional staff are eligible to apply for an individual learning account to fund educational courses. These may include basic food hygiene, telephone techniques, minute taking, and many others. In addition NVQ's such as Business Administration, Customer Care and Team Leading.

3.3 Staff Involvement

Staff Involvement is a key factor influencing staff morale in the workplace, and is a high priority within the NHS plan. The PCT is committed to maintaining effective staff communication at all levels, and will continue to ensure that staff involvement is maintained at all levels of the organisations and that further partnership working is developed. A staff involvement policy and charter have been developed in partnership with staff side to further support this aim.

3.4 Reward and Recognition

The PCT has recognised the need to further enhance its processes in terms of rewarding staff and recognising the contribution they make. A review of Long Service Awards is on-going it is hoped a new system will benefit more staff than the current process.

Also to acknowledge staff contributions recognition events have been held and the Trust newsletter contains articles on achievements of staff on a regular basis.

3.5 Systems and Processes

There are many processes involved in the successful recruitment and retention of staff, from the initial recruitment process to ensuring that they are paid on time and correctly; from ensuring fair and productive appraisals to determining why people leave. Such procedures can be time consuming, however the PCT is committed to ensuring recruitment and retention processes are as streamlined as possible and carried through in a timely manner.

a) Recruitment processes

Recruitment processes must fulfil all legislative requirements and demonstrate fair and equitable treatment of all applicants. The HR department is committed to providing an efficient service to managers and applicants, and to ensuring that recruitment systems are reviewed as required to maintain a smooth process.

b) Exit Questionnaires & Interviews

It is important to determine what causes staff to leave. To this end an exit procedure and guidelines is being developed and will be implemented in Summer 2005. The results will be analysed to identify trends so that counter measures may be introduced where appropriate.

c) Performance management

The HR Performance Framework which was implemented in 2004 is under constant review and has been developed and enhanced over the past 6

months. Recruitment monitoring has now been introduced and will include progress reports on the recruitment and retention action plan.

4. AGENDA FOR CHANGE

Agenda for Change, the NHS pay and job modernisation programme is likely to further affect the way in which we recruit and retain staff. The programme encompasses all terms and conditions of employment, including weekly hours, pay scales, job evaluation and the development of competency based job outlines based on a Knowledge and Skills Framework (KSF).

The introduction of Agenda for Change will provide an ideal opportunity to re think service cover and role design, utilising flexible working practices to ensure effective patient care is maintained and even improved.

5. DELIVERY AND REVIEW

There are a number of key stakeholders involved in ensuring the successful implementation of this recruitment and retention strategy. The work will be led by the HR department who will work closely with internal partners, in particular the Equality and Diversity, Workforce Planning and Development and IWL Steering Groups, in addition to PCT Directors, managers, staff and staff representatives.

External bodies who impact on this strategy include the Strategic Health Authority, Local Authority and Acute Trust, the latter especially during the implementation of Agenda for Change.

Action Plans will be reviewed and amended as necessary throughout the period 2005 – 2007 by the Recruitment and retention sub group, the Workforce planning and development steering group and by the Head of Human Resources and reports submitted to the Board and management team via the HR Performance Framework.

6. CONCLUSION

This strategy sets out the many challenges facing the PCT in achieving its aim of recruiting and retaining a workforce with the requisite skills, within an environment which supports flexible and healthy working practices and professional development to make the PCT an employer of choice.

The challenges are significant but we are confident that with the participation and commitment of every member of staff at every level, the PCT will achieve a skilled and dedicated workforce representative of the local community, and capable of delivering the highest standard of patient care to the people of Bolton

APPENDIX (i)

National Initiatives

The NHS Plan - this sets out the vision for a modernised healthcare with a larger workforce and roles designed around the needs of the patient. Additional workforce targets were set in “Delivering the NHS Plan”

HR in the NHS Plan - this national strategy sets out how to achieve the NHS plan through becoming an employer of choice and offering model careers.

Improving Working Lives - this initiative sets specific targets to ensure that all NHS organisations are working towards improving the working lives of their employees and becoming model employers, and its principles are incorporated in this recruitment and retention strategy.

Vital Connections (*An equalities Framework for the NHS*)

- this initiative underpins the PCT Equality and Diversity Strategy. Developing a workforce representative of the community it serves is a fundamental aim of this recruitment and retention strategy, and as such, the work carried out by the equality and diversity group is essential to its successful implementation.

Claiming the health dividend: Unlocking the benefits of NHS Spending

-this report produced by the Kings Fund highlights the potential for the NHS to contribute to economic, social and environmental sustainability through a range of its functions including employment. Developing a more diverse and locally reflective workforce means providing better services, as well as improving the life-chances, incomes and health of local people often excluded from employment.

GMS/PMS Contract - the introduction of the GMS contract will cause general practice to explore new ways of working including developing new skill mix amongst staff, expanding the roles of nursing staff in particular.

APPENDIX (II)

LEGISLATION

- Sex Discrimination Act 1975 and 1986 *and subsequent* Sex Discrimination (Gender Reassignment) Regulations 1999 and Sex Discrimination (Indirect Discrimination and Burden of Proof) Regulations 2001.
- Race Relations Act 1976 *and subsequent* Race Relations (Amendment) Act 2000.
- Disability Discrimination Act 1995
- Employment Rights Act 1996
- Working Time Regulations 1998 *and subsequent* Working Time (Amendment) Regulations 2002.
- Human Rights Act 1998
- Employment Relations Act 1999
- Maternity and Paternity Regulations 1999
- Employment Act 2000
- Part Time Workers (prevention of less favourable treatment) Regulations 2000
- Fixed Term Workers (prevention of less favourable treatment) Regulations 2002
- Flexible Working (procedural requirements) Regulations 2002
- Flexible Working (Eligibility, Complaints and Remedies) Regulations 2002
- Religion (or Belief) Regulations 2003
- Sexual Orientation Regulations 2003