

**HEART OF ENGLAND
NHS FOUNDATION TRUST**

BOARD OF DIRECTORS

ANNUAL WORKFORCE REPORT

THURSDAY 26 JULY 2018

HEART OF ENGLAND NHS FOUNDATION TRUST
ANNUAL WORKFORCE REPORT 2017/18

1.0 Introduction

The annual workforce report outlines the main workforce issues and opportunities faced by Heart of England NHS Foundation Trust during 2017/18 and how it has responded to them. The report also includes workforce statistical information for the year ending March 2018.

The main workforce priorities for the Trust during the year were to:

- a) Strengthen the Trust's capacity and capability for strategic workforce planning;
- b) Ensure effective management of the workforce;
- c) Enable the health and well-being of the Trust's workforce;
- d) Ensure policies and procedures, developed in partnership with staff side, are in place to support the workforce and management of staff.

In order to deliver the workforce priorities the following main themes were identified:

1.1 Workforce Planning

Robust workforce planning took place to help support the future challenges facing the NHS and to also assist in completing the annual workforce plans for Health Education West Midlands and NHS Improvement.

1.2 Medical Resourcing

The main challenge for Medical Resourcing in 2017/18 was to embed the 2016 Doctors in Training (DiT) contract into the Trust and to attract good quality medical staff given the national shortages. This was hampered by Immigration rules which saw the restriction of Certificates of Sponsorship for Core Trainee level doctors recruited from outside the European Union (EU).

1.3 Workforce Transformation

The last 12 months saw further changes to team structures and working arrangements, to improve accountability and achieve more efficient working. These included changes to a number of Corporate departments including relocation of teams. There were also a number of TUPE transfers, the largest being the transfer in of around 1000 Facilities staff which provided an opportunity to improve the service provided to patients. A joint approach with University Hospitals Birmingham NHS Foundation Trust to the new national apprenticeship levy was implemented with the creation of terms and conditions of employment which place both Trusts in the best position to attract new

staff to trainee roles, and maximise the ability to drawdown from the levy.

1.4 Workforce Operations

The Divisional HR team provides generalist support to Operational and Corporate teams including employee relations advice and support. The team has a central role in working with managers to deliver improvements across the range of workforce KPIs, and lead the delivery of specific workforce initiatives. Senior HR Managers and their support staff are aligned to Divisional triumvirates and corporate functions.

Time to hire for non-medical recruitment fluctuated over the last 12 months with an increase in vacancies particularly within the nursing areas. This pressure was recognised and actions taken to manage the high volumes of recruitment and clearances of staff.

Sickness absence performance fluctuated over the last months and whilst the overall Trust target of 4% was not achieved consistently, improvements were delivered in key hotspot areas and improved health and well-being offers for staff, including confidential counselling support, basic health checks and fast track physiotherapy services. New and existing managers were supported to help manage long and short term absence with a number of managers receiving absence management training in the last 12 months.

1.5 Workforce Governance

The Strategic Workforce Group and the Operational Workforce Committee supported improved governance arrangements and oversight of performance, policies and practice across the Trust. During the early part of 2018 the Head of Operational HR provided regular reports to the Trust's Weekly Executives' Meeting on matters relating to workforce, providing Executive level oversight and sign off.

Over the last 12 months, the Trust successfully discharged its responsibilities for equality and diversity through delivery of the workforce race equality standard (WRES), and Equality Delivery System (EDS) 2 and further enhanced staff engagement by holding regular staff engagement sessions on progress with the Trust merger. The Trust has published its gender pay gap and the Annual Quality report in line with the Equality Delivery System and its duties under the Equality Act 2010.

A programme of HR policy review was also initiated supported by improved monitoring arrangements, enabling the Trust to align its policies to latest best practice, and improve support to managers. Policy reviews were conducted in partnership with staff side.

Progress against the delivery of these themes is detailed below.

2.0 Themes

2.1 Workforce Planning

The priorities for 2017/18 were to complete a one year refresh of the workforce plan (submitted to NHSI and Health Education West Midlands in 2016/17) and to monitor performance against the plan in order to report progress, identify workforce risks, and influence recruitment planning.

Staff Group Shortages

The Trust experienced shortages and difficulties recruiting to the following areas and occupational groups: Radiology (Radiologists, Sonographers and Radiographers); Allied Health Professionals at Bands 6 and 7; Laboratory staff at Bands 5, 7 and 8a; Cardiac Physiologists; General Nurses at Band 5; Theatre Nurses and Operating Department Practitioners; Pharmacists; and Medical staff in Emergency Department, Acute Medicine, Gastroenterology, Radiology, and Histopathology.

Recruitment and Retention Challenges

Voluntary turnover increased from 10.60% in March 2017 to 14.08% in March 2018. The increase in turnover during 2017/18 was due to a re-calculation of turnover, based on all leavers. The top three reasons for leaving were work life balance (28%), relocation (17%) and promotion (14%).

The staff groups with the highest levels of voluntary turnover included Pharmacists, Senior Managers, Allied Health Professionals, Qualified/Support to Nursing and Midwifery, Scientific and Technical, Maintenance, and Administrative and Clerical.

In response to generally rising turnover rates and also acknowledging the recruitment challenges faced, a Strategic Retention Group was established. The work of this group was paused in the lead up to the merger with UHB.

New Roles

Advanced Clinical Practitioners

Work continued on the development of the Advanced Clinical Practitioner (ACP) role within the trust. As at 31st March 2018 there were 44.80 Whole Time Equivalents (wte) ACPs in post.

Apprentices

During 2017 the Trust continued to build on its collaborative work with University Hospitals Birmingham NHS Foundation Trust (UHB) agreeing

a joint apprenticeship strategy and resourcing plan. An Apprenticeship Procedure was ratified across the Trusts which laid down the pay structure and terms and conditions of employment for apprentices for both organisations.

Across the Heartlands, Good Hope and Solihull sites there were 30 apprentices who started in 2017/18. New apprentice positions were created across Finance, Estates, Business Administration, Pharmacy, Theatres and Maternity. Although the Trust gained approval as an 'Employer-Provider' of apprenticeships, advice from the Education and Skills Funding Agency (ESFA) meant that the Trust was not able to deliver internal starts due to the planned merger.

Trainee Nursing Associates

The Trust has been the lead partner in the Birmingham and Solihull Partnership that forms one of the national pilot sites for the Nursing Associate programme. A total of 41 Trainee Nursing Associates commenced the training programme in April 2017, 79% of whom were existing Trust Healthcare Assistants (HCA). The Trust plan is to recruit a further 70 trainees to commence in October across the Trust and UHB, these will be internal appointments from the existing HCA workforce. The Trust strategic intent is to grow this workforce at scale and a three year strategy will be formulated once NMC regulations and curriculum requirements have been finalised

The Trust continually reviews the actions and plans necessary to mitigate workforce risks through the Operational and Strategic Workforce Groups.

2.2 Medical Workforce

The main challenge for Medical Resourcing in 2017/18 was to embed the 2016 Doctors in Training (DiT) contract into the Trust and to attract good quality medical staff given the national shortages. This was hampered by Immigration rules which saw the restriction of Certificates of Sponsorship for Core Trainee level doctors recruited from outside the European Union (EU).

Right to Work Audit

In January 2018 an audit was commissioned at HEFT to review compliance against the Home Office requirements for the verification of right to work documents and evidence of meeting the resident labour market test. The audit was completed by UHB in March 2018 in preparation for the merger of UHB and HEFT. The audit was based on a review of 17 non-medical files and a total of 94 medical files which identified areas of concern. HEFT and UHB worked together to devise a plan of action which were completed by April 2018.

2.3 Workforce Development

During 2017/18, staff at HEFT worked closely with colleagues at UHB as part of the Case for Change merger project work streams. The Culture & Workforce project group delivered a staff engagement and communication programme, which included the latest developments, promotion of the benefits of the merger, supporting the implementation of the desired culture for the new organisation.

In 2017/18, the Trust's divisional management arrangements, and the following Corporate teams were reviewed and restructured in line with the Trust's management of change policy, and supported by the HR function and staff side:

- Education and training team
- Governance
- Payroll reconfiguration and transfer to UHB
- Communications

These changes are in addition to localised management of change projects involving for example, staff relocation, flexible working and changes to working hours/ patterns in response to service need, and which have been supported by HR.

2.4 Workforce Operations

2.4.1 Non-medical Recruitment

In the period from 1st April 2017 to 31st March 2018, the Trust saw a 10.3% increase in candidates commencing in new roles from the previous year, with 2,229 appointees. Of these 37% were internal appointments. The breakdown of these appointees is as follows:

- Qualified Nurses and Midwives – 754
- Health Care Assistants – 341
- Allied Health Professionals – 297
- Admin & Clerical – 500
- Other Support Staff - 337

The overall number of candidates who commenced in new roles within the Trust increased as has the overall level of recruitment activity as the focus in 2017/2018 continued to migrate from generalised recruitment campaigns to more targeted programmes. This was achieved alongside renewed efforts to increase the pace at which the Trust is able to induct new staff.

The Recruitment Team is responsible for all non-medical posts within the Trust. The focus in 2017/2018 has been to build on the streamlining of processes and reducing the overall time to hire.

Standard operating procedures are in place across all areas of recruitment ensuring consistency of processes and efficiency across the team, and improving the quality of the candidate recruitment experience.

In response to demand, the Trust wide recruitment and selection training programme was revised and relaunched in support of consistent recruitment practice, with significant numbers of recruiting managers trained during 2017/2018.

2.4.2 Employee Relations

Employee relations casework

During 2017/18 there were a total of 271 Employee relations cases, which included 195 disciplinary cases (up to 15 cases involving medical and dental staff managed under Maintaining High Professional Standards procedures), 24 Harassment cases, 20 employee grievances cases and 17 formal performance management cases.

A new KPI introduced in 2017 has been effective in relation to length of time taken to complete Disciplinary and Grievance investigations and arrangements for formal hearings for non-medical staff. Oversight arrangements by the Medical Director continue to support improved consistency in MHPS case management, timeframes and outcomes.

Employment Tribunal Cases

There were 2 Employment Tribunal cases listed during 2017/18.

Sickness absence

As at 31st March 2018, the Trust recorded a moving annual average sickness absence rate of 4.58%, an increase from 4.40% in March 2017. HR Teams continued to work in partnership with managers and staff side representatives to help manage absence levels ensure practice complies with policy.

There were 31 cases involving the termination of staff on the grounds of ill health / capability.

Long term absence continued to be higher than short term sickness. In month long term sickness absence as at March

2018 was 3.04% and in month short term sickness absence was 1.34%.

The top 5 reasons for sickness absence were recorded as follows, and reflect a broader NHS acute Trust pattern and trend:

Long & Short Term Sickness Absence Reasons
1. Anxiety/stress/depression/other psychiatric illnesses
2. Back and other musculoskeletal problems
3. Gastrointestinal problems
4. Cold, Cough, Flu – Influenza
5. Injury / fracture

Staff groups with absence consistently above average included Admin and Clerical, Healthcare Assistants and Staff Nurses.

In response to this, regular meetings took place across all divisions where both long term and short term cases were discussed to ensure managers are supported and are compliant with the sickness absence (incorporating stress) policy. Managers and staff have also been encouraged to utilise the free confidential support and counselling service (CIC) which is available to all staff to access 24/7.

An annual programme of people management training, including performance management, sickness absence management, disciplinary, grievance and Bullying and Harassment has been delivered in 17/18, led by the HR Operational team. In addition to the annual programme of training, bespoke sickness absence management training has also been provided in hot-spot areas. This package has recently been updated to include unconscious bias training and to reflect updated policies.

2.5 Workforce Governance

2.5.1 Equality, Diversity and Inclusion

The Trust published indicators of workforce equality, as part of the Workforce Race Equality Standard (WRES) since June 2015. This has allowed the Trust to examine and begin to address areas of underperformance in relation to workforce equality and staff experience. The latest staff survey results for equality and diversity have shown some improvement, although further work is required.

Progress during 2017/18 included:

- The Trust worked closely with many third party organisations in an effort to address the underrepresentation of some groups and to raise awareness and improve understanding in order to support and enable inclusion within the Trust. This included relationships with Birmingham Lesbian, Gay, Bisexual and Transgender (LGBT) and Stonewall for LGBT staff and patients; the Department of Work and Pensions to explore attraction, recruitment and retention for people with a disability; Health Education England to promote BAME Leadership Programs.
- In 2017 the Trust undertook a data cleanse exercise to improve the quality of the data held on the Electronic Staff Record (ESR) and thus enabling the Trust to better understand the workforce. The exercise resulted in almost 2,000 staff updating their personal records on ESR. As a result of the success of the data cleanse exercise there was a reduction in the number of staff records where religion or belief was 'undefined' from 32.49% in 2016 to 0.03% in 2017. In addition, there was a reduction in the number of staff records which stated 'undefined' for sexual orientation from 32.57% in 2016 to 0.17%. However, in both cases this resulted in an increase in the other declarations, and in particular, a significant increase in the number of staff opting for 'I do not wish to disclose' in response to religion or belief and sexual orientation status.
- The Trust incorporated unconscious bias into the Recruitment and Selection training for managers involved in recruitment and selection activities in the Trust. Also, unconscious bias was included in the HR training received by managers in the Trust, such as, Managing a Disciplinary and Grievance training and Performance Management training. In addition, the Trust developed a suite of values based interview questions which the Hiring Manager may include as part of the interview process in order to make the selection decision based on the candidate's technical ability as well as behavioural suitability.
- In 2017 /18 the Trust was shortlisted as one of three finalists for an HPMA awards on the most effective use of diversity to strengthen governance and recruitment The Trust wide submission was based around the work that has taken place at HGS on raising awareness and improving understanding of sexual orientation and gender identity. An individual submission for the Guardian Jobs rising star award was jointly won by a member of the HR team and the Trust.

2.5.2 Staff Survey

The Trust recognises and values its workforce, and regularly seeks staff feedback via quarterly and annual staff surveys. Staff survey results are published on the Trust intranet site and promoted through Trust wide staff communications.

Summary of performance – results from the NHS staff survey

The National Staff Survey ran from October to November 2017 and included a full census of staff at the Trust. The Trust achieved a 41% response rate (4083 respondents), an increase from the 2016 survey when the response rate was 36%.

The results show that, across the 32 key findings, the Trust maintained the same scores on 24 key findings, and deteriorated on 8 key findings. The staff engagement score is 3.69, which is lower than the 2016 score of 3.72. This score put the Trust in the bottom 20% of acute Trusts for this key finding and is therefore an area of concern.

The details of the staff survey results can be found in Appendix 3.

2.5.3 Health and Wellbeing

The Trust operates its own nurse led Occupational Health service from its Heartlands and Good Hope Hospital sites. The service also supports other NHS and non-NHS organisations with their occupational health requirements through agreed service level arrangements. The service offers a range of occupational health transactional and broader well-being services to managers in support of the management of sickness absence, clearance of new starters and health screening.

On site health clinic

In 2017/18 Occupational Health trialled and implemented new services offering basic health checks to all staff through on-site health clinics. The health checks offered included blood pressure, waist/hip ratio, body fat analysis, Body Mass Index (BMI), and blood tests.

The Trust was able to partially achieve the health and well-being CQUIN for 2017/18 and successfully delivered its flu programme and subsequent CQUIN achieving 73% vaccination rate for front-line staff. A series of well-being events across Trust sites have also been delivered in support of the CQUIN, including specific physiotherapy for staff with

musculoskeletal problems, access to confidential counselling, and financial wellbeing and mental health / stress and building resilience awareness. These services continue to be offered on a self-referral and management referral basis and continue to be the main positive health interventions available to support long and short-term health conditions.

2.5.4 Workforce Policies and Procedures

The workforce policies and procedures updated in 2017/18 were:

Policies

Alcohol
Annual and Special Leave
Dignity at Work
Disciplinary
Grievance
Registration Authority

Procedures

Employment Break Procedure
Grievance Procedure
Pay Progression Procedure
Registration Authority Procedure
Return to work following extended period of absence procedure

In addition to these, a new Transitional Organisational Change Procedure for the new Trust following the merger with University Hospitals Birmingham NHS Foundation Trust (UHB) was developed and agreed by both HEFT and UHB with agreement from both staff sides.

Policy monitoring reports are submitted to Operational Workforce Group and/or Trust Board as appropriate.

2.5.5 Pay and Rewards, Terms and Conditions, Employment checks, Registration Authority and Workforce Reporting

Apprenticeship Levy

A single employment package for all new apprentices engaged as part of the Apprentice levy was implemented in 2017.

Professional Registration

Monitoring of statutory registration takes place through the Workforce Information Team for all staff requiring professional registration with the exception of Medical staff.

Monitoring for Medical staff is conducted by the Medical Workforce department.

Registration Authority

The Workforce Information team hosts the Trust's Registration Authority which manages the issue, maintenance and revocation of Smartcards. There are currently circa 3500 staff registered with a Smartcard, including a hosted arrangement for Marie Curie. Smart card access remains strictly controlled in line with Trust and NHS Digital protocols.

The Information Governance (IG) Toolkit requirements for Registration Authority requirements 303 and 304 (monitored through IG Group) were met for the March 2018 submission.

Workforce Reports

The Workforce Information team produce a suite of regular reports to fulfil the requirements of Trust Board and Chief Executive Advisory Group. In addition, regular reports including workforce dashboards are produced for managers and operational HR colleagues. These include absence reports highlighting staff who have reached the trigger points identified in the Trust's Sickness Absence Policy and Employee Relations case reports from ESR. Production of a regular suite of reports has enabled the dissemination of workforce information in a timely manner and has supported performance management processes.

2.6 Merger by Acquisition with University Hospitals Birmingham NHS Foundation Trust

The HR Team had significant involvement in preparation for the acquisition of the Trust by UHB. This included the provision of employer liability information for UHB as part of the due diligence process.

3.0 Conclusion

The annual report illustrates a wide range of activities and significant progress in human resource management. The pre-merger joint working with UHB was highly productive and gives cause for optimism for the future. There are also many opportunities that we can maximise, with the strong foundation of a stable workforce that is highly committed, well-motivated and fairly managed. For the coming year and beyond it is essential that standards are consistently applied across the entirety of the newly expanded Trust.

Workforce Statistics at 31st March 2018

Staff Group	Total	WTE
Add Prof Scientific and Technic	349	304.83
Additional Clinical Services	2052	1757.33
Administrative and Clerical	2146	1859.19
Allied Health Professionals	654	543.09
Estates and Ancillary	941	738.83
Healthcare Scientists	256	232.21
Medical and Dental	1066	1012.03
Nursing and Midwifery Registered	3308	2875.88
Students	33	33.00
Grand Total	10805	9356.38

Ethnicity	Headcount	%
A White - British	5976	55.31
B White - Irish	171	1.58
C White - Any other White background	1022	9.46
D Mixed - White & Black Caribbean	125	1.16
E Mixed - White & Black African	16	0.15
F Mixed - White & Asian	50	0.46
G Mixed - Any other mixed background	65	0.60
H Asian or Asian British - Indian	745	6.89
J Asian or Asian British - Pakistani	589	5.45
K Asian or Asian British - Bangladeshi	74	0.68
L Asian or Asian British - Any other Asian background	218	2.02
M Black or Black British - Caribbean	463	4.29
N Black or Black British - African	301	2.79
P Black or Black British - Any other Black background	138	1.28
R Chinese	44	0.41
S Any Other Ethnic Group	331	3.06
Z Not Stated	477	4.41
Grand Total	10805	100

Disabled	Total	%
No	8815	81.58
Not Declared	1649	15.26
Yes	341	3.16
Grand Total	10805	100.00

Age Band	Total	%
18 - 24	662	6.13
25 - 29	1330	12.31
30 - 34	1301	12.04
35 - 39	1297	12.00
40 - 44	1247	11.54
45 - 49	1437	13.30
50 - 54	1456	13.48
55 - 59	1151	10.65
60 - 64	642	5.94
65+	282	2.61
Grand Total	10805	100.00

Gender	Total	%
Female	8671	80.25
Male	2134	19.75
Grand Total	10805	100.00

Sexual Orientation	Total	%
Bisexual	65	0.60
Gay	71	0.66
Heterosexual	6719	62.18
I do not wish to disclose my sexual orientation	3900	36.09
Lesbian	45	0.42
Undefined	5	0.05
Grand Total	10805	100.00

Religious Belief	Total	%
Atheism	740	6.85
Buddhism	14	0.13
Christianity	4236	39.20
Hinduism	126	1.17
I do not wish to disclose my religion/belief	4138	38.30
Islam	696	6.44
Jainism	3	0.03
Judaism	5	0.05
Other	707	6.54
Sikhism	135	1.25
Undefined	5	0.05
Grand Total	10805	100.00

Turnover

Staff Group	Ave Headcount	Total Leavers	Turnover
Add Prof Scientific and Technic	310.81	59	18.98%
Additional Clinical Services	1726.50	268	15.52%
Administrative and Clerical	1886.67	285	15.11%
Allied Health Professionals	530.53	98	18.47%
Estates and Ancillary	573.25	84	14.65%
Healthcare Scientists	238.12	36	15.11%
Medical and Dental	1041.59	53	5.09%
Nursing and Midwifery Registered	2970.28	429	14.44%
TOTAL	9314.27	1312	14.08%

Gender	Total Leavers	% of Leavers	% of Turnover
Male	381	29.04%	4.09%
Female	931	70.96%	9.99%
TOTAL	1312	100.0%	14.08%

Disabled	Total Leavers
Yes	26
No	953
Not Declared	333
TOTAL	1312

Ethnic Origin	Total Leavers
A White - British	669
B White - Irish	14
C White – Any other White background	21
C3 White Unspecified	17
CA White English	40
CB White Scottish	2
CC White Welsh	1
CE White Cypriot (non-specific)	2
CF White Greek	12
CG White Greek Cypriot	1
CH White Turkish	1
CK White Italian	7
CP White Polish	6
CT White Bosnian	1
CX White Mixed	1
CY White Other European	20
D Mixed – White & Black Caribbean	20
E Mixed – White & Black African	1
F Mixed – White & Asian	4
G Mixed – Any other mixed background	8
GD Mixed – Chinese & White	3
GF Mixed – Other/ Unspecified	2
H Asian or Asian British - Indian	115
J Asian or Asian British - Pakistan	128
K Asian or Asian British - Bangladeshi	22
L Asian or Asian British – Any Other background	18
LA Asian Mixed	4
LE Asian Sri Lankan	6
LF Asian Tamil	1
LH Asian British	8
LK Asian Unspecified	2
M Black or Black British - Caribbean	23
N Black or Black British - African	19
P Black or Black British – Any other Black background	5
PB Black Mixed	1
PC Black Nigerian	2
PD Black British	4
PE Black Unspecified	2
R Chinese	9
S Any Other Ethnic Group	20
SC Filipino	3
SD Malaysian	8
SE Other Specified	10
Z not Stated	49
TOTAL	1312

Staff Survey Summary of Results 2017

Response Rates by Division:

- Corporate Directorates – 57.0%
- Facilities – 36.2%
- Trust wide Education Services – 49.7%
- Trust wide Research & Development – 70.6%
- D1 Clinical Support Services – 48.4%
- D2 Women & Children's – 36.3%
- D3 Emergency Care – 29.0%
- D4 Medicine – 44.6%
- D5 Surgery – 34.5%

Number of Responses by Staff Group (2016 results in brackets):

- Adult / General Nurses – 794 (664)
- Other Registered Nurse – 315 (284)
- Nursing / Healthcare Assistants – 218 (201)
- Medical / Dental – 409 (309)
- Occupational Therapy – 52 (47)
- Physiotherapy – 140 (115)
- Radiology – 102 (89)
- Other Allied Health Professionals – 217 (195)
- General Management – 72 (66)
- Other Scientific and Technical – 292 (238)
- Admin & Clerical – 676 (669)
- Central Functions / Corporate Services – 139 (168)
- Maintenance / Ancillary – 169 (168)

Overview of Results

	2015	2016	2017
Highest 20%	1 finding	3 findings	2 findings
Above average (better than other trusts)	0 findings	3 findings	3 findings
Average	7 findings	7 findings	5 findings
Below average (worse than other trusts)	12 findings	14 findings	15 findings
Worst 20%	12 findings	5 findings	7 findings
	32 findings	32 findings	32 findings

Comparison of HGS results with other trusts in the West Midlands

Based on no. of findings in top 20% or above average

Acute Trusts

- UHB – 19 findings
- **Heart of England – 5 findings**
- Worcester- 3 findings

Best 20% of acute Trusts nationally, including in the following key findings

- % witnessing potentially harmful errors, near misses or incidents in last month;
- % experiencing physical violence from patients, relatives or public in last 12 months;

	2016		2017		Trust improvement/Deterioration
Response Rate	Trust	National Average	Trust	National Average	
	36%	41%	41%	44%	Improved

2017 Top 5 Ranking Scores

	2016		2017		Trust improvement/Deterioration
Top 5 Ranking scores	Trust	National Average	Trust	National Average	
KF28. % of staff witnessing potentially harmful errors, near misses or incidents in last month	26%	31%	27%	31%	No significant change <i>(lower score the better)</i>
KF 22. % of staff experiencing physical violence from patients, relatives or the public in last 12 months	12%	15%	13%	15%	No significant change <i>(lower score the better)</i>
KF 11. % of staff appraised in last 12 months	90%	87%	90%	86%	No significant change
KF 16. Percentage of staff working extra hours	71%	72%	70%	72%	No significant change <i>(lower score the better)</i>
KF 27.	42%	45%	46%	45%	No significant change

Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse					
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2017 Bottom 5 Ranking Scores

Bottom 5 Ranking scores	2016		2017		Trust improvement/Deterioration
	Trust	National Average	Trust	National Average	
KF 21. % believing the organisation provides equal opportunities for career progression / promotion	83%	87%	79%	85%	Deteriorated
KF 15. Percentage of staff satisfied with the opportunities for flexible working patterns	49%	51%	46%	51%	Deteriorated
KF 32. Effective use of patient / service user feedback	3.57	3.72	3.56	3.71	No significant change
KF 19. Organisation and management interest in and action on health and wellbeing	3.52	3.61	3.47	3.62	Deteriorated
KF 1. Staff recommendation of the organisation as a place to work or receive treatment	3.59	3.76	3.56	3.75	No significant change

Sickness Comparator Data

Acute Sickness Comparator – percentages

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
Birmingham Children's Hospital NHS Foundation Trust	4.28	4.31	3.65	3.58	3.45	3.55	4.20	4.09	3.77	3.95	4.21	4.33	4.73
Birmingham Community Healthcare NHS Foundation Trust	6.27	5.88	4.60	4.59	5.01	5.19	5.54	5.54	5.78	5.95	6.14	6.13	6.61
Burton Hospitals NHS Foundation Trust	4.49	3.51	3.45	3.60	3.65	3.95	4.06	3.95	4.07	4.43	4.92	5.10	5.94
Dudley and Walsall Mental Health Partnership NHS Trust	4.90	4.58	3.35	3.61	3.42	4.01	3.93	3.65	3.98	3.92	5.41	5.53	5.99
George Eliot Hospital NHS Trust	4.17	3.60	3.48	3.30	3.23	4.24	4.23	3.88	3.68	3.84	4.13	4.40	5.47
Heart of England NHS Foundation Trust	4.96	5.57	4.05	4.07	4.14	4.00	4.07	4.35	4.60	4.55	4.96	5.39	5.78
Royal Wolverhampton NHS trust	4.67	4.62	4.11	3.95	3.96	3.98	4.28	4.27	4.11	4.41	4.53	4.70	5.44
Sandwell and West Birmingham Hospitals NHS Trust	4.80	4.68	4.35	4.32	4.61	4.37	4.60	4.42	4.17	4.43	4.66	4.81	5.26
Shrewsbury and Telford Hospital NHS Trust	4.55	4.47	4.31	3.78	4.09	4.24	4.23	4.05	4.03	4.27	4.30	4.51	5.42
South Warwickshire NHS Foundation Trust	4.56	4.25	4.02	4.27	4.17	4.01	3.91	3.74	4.18	4.60	4.81	4.71	5.26
University Hospitals Birmingham NHS Foundation Trust	4.53	4.23	4.03	3.82	3.96	4.00	4.42	4.32	4.41	4.41	4.40	4.57	5.37
University Hospitals Coventry and Warwickshire NHS Trust	4.35	4.14	3.91	3.70	3.74	3.94	4.02	3.75	3.76	4.12	4.48	4.59	5.03
University Hospitals of North Midlands NHS Trust	4.80	4.32	3.88	3.79	3.81	3.88	4.02	3.90	4.00	4.36	4.69	4.62	5.31
Worcestershire Acute Hospitals NHS Trust	5.08	4.21	4.04	4.00	3.82	3.73	3.60	3.98	4.01	4.25	4.60	4.71	4.99

Data from NHS Digital – latest data only published up to January 2018

Overview of Casework closed April 2017 – March 2018

Type of Case	Number of cases
Disciplinary including MHPS	195
Harassment	24
Grievance	20
Performance Management	17
Total	256