

UNIVERSITY HOSPITALS BIRMINGHAM

NHS FOUNDATION TRUST

BOARD OF DIRECTORS

ANNUAL WORKFORCE REPORT

JULY 2015

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

ANNUAL WORKFORCE REPORT 2013/14

1 Introduction:

The annual workforce report detailed below outlines the main workforce issues faced by University Hospitals Birmingham NHS Foundation Trust during 2013/14 and how it has responded to these challenges. The report also includes workforce statistical information for the year ending March 2014.

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

- a) Further develop automated processes for workforce management including the development of a master staff index;
- b) Develop a five year workforce strategy in line with the service development strategy and evolving clinical developments;
- c) Deliver improvements in staff health and wellbeing;
- d) Ensure workforce availability;
- e) Ensure policies and procedures, developed in partnership with staff side are in place to support the workforce and management of staff;
- f) Work towards establishing UHB as an employer of choice.

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

1.1 Workforce Planning – it was recognised that the trust needed to ensure that there was a robust workforce planning mechanism 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 Monitor. A strategic group has been established to develop a 5 year workforce development strategy.

1.2 Workforce Transformation – the immediate Trust priority in 2013/14 was to continue to support the challenges of the current and future NHS which require new ways of working and innovative workforce strategies to create a flexible workforce. This included a large clinical reconfiguration to meet changing demands.

1.3 Workforce Governance – 2013/14 saw the continued development of a robust workforce governance system to ensure the Trust is compliant with legislative requirements and best practice. The trust remains compliant with the Equality Delivery System and its duties under the Equality Act 2010 and continues to be recognised as an area of best practice for many of its innovative approaches.

1.4 Workforce Operations – an efficient and effective operations function is critical to support a stable, motivated and flexible workforce. Work has continued to successfully reduce the length of time taken to conclude sickness and disciplinary cases as well as reduce the overall sickness rate. Existing training for managers has also been developed and improved to ensure managers have the necessary skills to support their workforce.

1.5 Medical Resourcing - The main priority for Medical Resourcing was to continue to embed the UHB Medical Workforce Strategy. Work was completed on reviewing the use of Maintaining High Professional Standards (MHPS) in the light of recent case work, legal precedents and work with other Trusts. Following the review a new policy was developed and implemented. In addition a priority was to facilitate the move of JSD work into the Medical Resourcing Team to run parallel systems for recruiting and organising junior doctors and to set up a Locum register.

Progress against the delivery of these themes and the priorities for 2013/14 are detailed below.

2 Themes

2.1 Workforce Planning

The Trust produced its annual workforce plan after consulting with Operational Departments, Corporate Departments and utilising workforce intelligence gained from both the local and national health economy to identify the supply and demand requirements for all staff groups. The plan identified the workforce implications of implementing a number of planned changes to service delivery and in response to commissioning services. The workforce plans were developed by service workforce leads in conjunction with Workforce Transformation and Finance teams before being validated by Directors of Operations taking into account the specific requirements as identified in the Trust's business strategy. There was also significant engagement with the Clinical Commissioning Groups as part of the West Midlands's assurance requirements. The final workforce plan was signed off at Executive level prior to being submitted to Health Education West Midlands. This process is the NHS methodology for commissioning an appropriate supply of qualified healthcare professionals.

During 2013/14 a workforce planning strategy group was established to develop a 5 year workforce development strategy. The group is chaired by the Director of Human Resources and comprises key operational managers and professional leads. A key purpose of the group is to ensure the workforce planning process is an all year round activity with workforce issues being identified and plans developed to support service delivery. As a consequence two key sub groups have been established comprising a retirement review sub group and an Information sub group. The purpose of the retirement sub group is to review information and data in relation to various aspects of staff retirement, conduct surveys and analyse data and findings to inform the 5 year workforce development strategy and a staff educational programme.

The purpose of the information sub group is to ensure that appropriate and relevant information is supplied to the Workforce Planning Strategy Group to inform workforce planning exercises. The initial priorities are to: support the completion of the workforce information return due to the Commissioning workforce plan; support the introduction of the nursing workforce reporting to be rolled out between April – June 2014; liaise with Finance & Informatics departments to create workforce reports which meet the needs of the main workforce planning group; and to review the current reporting of leavers with the view to develop reports by staff group and location to identify trends within the staff.

The Trust is fully assured that it has robust workforce planning processes in place to identify and mitigate risks in order to ensure delivery of safe quality care to our patients.

2.2 Workforce Transformation

The Transformation Team have been involved in over 35 planned workforce transformation projects over the period 1st April 2013 to 31st March 2014. A further 20 workforce transformation projects have been commenced and will be completed during 2014/2015. All planned service changes are subject to robust business planning and approval processes. All workforce, finance and clinical service requirements are contained within each workforce plan and are signed off within a process which includes senior clinicians, operational managers, finance and workforce transformation. All workforce plans and organisational change projects have final sign off by the relevant Divisional Director and the Director of Operations.

The Trust's organisational change procedure clearly identifies the procedure for communicating and implementing workforce and service change. This procedure was developed in partnership between management and staff side. Workforce plans and service changes are routinely shared with staff side and any workforce change follows a robust consultative process as outlined in the Organisational Change Policy and Procedure.

Specific projects across the following staff groups include:

2.2.1 Nursing

- Clinical reconfiguration to create more capacity to allow increased bed numbers from business cases, increases in activity and more headroom for expansion. Approximately 500 staff were involved in moving from one location to another and an extra 170 bed capacity was created.
- As part of the clinical reconfiguration wards west one and west two in the old QE Hospital reopened after a substantial refurbishment programme.
- Shift pattern changes to Ward 408 to support the working time regulations.
- Restructure of Critical Care Practice Development Team.
- Extension of working day and working week of Endoscopy Service in response to national bowel cancer screening programme.
- Integration of Cath Lab and Coronary Care team to provide enhanced service and on call rota.
- Harmonisation of shifts for emergency cover and on call cover within Theatres.
- Review of skill mix and staffing levels within Ambulatory Care Theatres and Recovery areas.
- Change in the opening hours of Sexual Health Clinics.
- Review of skill mix and competencies of Band 5 outpatients department nurses to identify training needs and to support the movement of staff between areas.

2.2.2 Clinical Support

These staff groups include Imaging, Therapies, Pharmacy, Laboratory Services, Medical Engineering and Medical Physics.

A number of organisational change projects were undertaken to extend working hours and the working week of different support services, to recognise the requirements of service delivery changes.

These areas included:

- Review of all flexible and part time working arrangements and introduction of self rostering arrangements for the cover of weekend and bank holidays within Pharmacy Department.
- Change to working hours for Pharmacy Department Dispensary staff.
- Review of working hours within Radiotherapy Department.
- Support to the Renal Dialysis tendering process.

2.2.3 Non Clinical Support Services

These staff groups include Administrative and Clerical and Facilities Staff:

- Review of Administrative and Clerical staff in Ophthalmology working Saturdays.
- Review of working hours of Education Centre and Training Administration Administrative staff.
- Review of Office Manager/Team Leader roles within Division D for Medical Secretaries.
- Review of Clinical Governance structure.
- Review of Cancer Services Pathway structure.
- Review of working hours in Neurosurgery and Neurology Medical Secretaries Departments.
- Review of Financial Accounts structure.
- Review of levels of Night Housekeeping Assistants and rationalisation of work.
- Review of Charities structure.
- Closure of IT Training Agency.
- Closure of CLAHRC Research Projects Theme 1 and 9.
- Review of staffing levels within Uniform Exchange.
- Revised hours of work for staff working in Catering Restaurant outlets.
- Restructure of Health and Safety Department.

2.2.4 Transfer of Undertaking Regulations (TUPE) 2013/14

Six major transfers have occurred during the year following reviews of service level agreements between UHB and other organisations:

- Transfer of Occupational Health Staff supporting Birmingham Women's Foundation Trust to Team Prevent.
- Transfer of Occupational Health Staff supporting Birmingham Community Healthcare Trust to Team Prevent .
- Transfer of Pharmacy Department staff to Birmingham Women's Foundation Trust.
- Transfer of IT Services Agency including 2 staff to Birmingham Women's Foundation Trust.

- Transfer of Procurement service in respect of 4 staff to Birmingham Women's Hospital.
- Transfer in of the Critical Care and Trauma Network Team from Walsall PCT to UHB.

2.2.5 Additional Projects included:

- Development of guidelines for Secondments to pre- registration courses which includes the following placements in nursing, the operating department and Radiology.
- Development of a new apprenticeship contract and supporting with the employment of apprentices for intake December 2013.
- Preparation for the retendering of Sexual Health Services and the appropriate 'due diligence' requirements to support the project. A member of the Workforce Transformation Team is on the Project Board and chair of the Human Resources sub group.
- Recoding exercise of 450 Health Care Scientist posts.
- Closure of the staff base for Reproductive Sexual Health Services and relocation of staff to Whittle Street Clinic.

2.2.6 Redundancies

A total of 4 redundancies were recorded during the last 12 months. These were due to organisational change projects following reviews of service requirements.

2.2.7 Workforce Transformation Priorities for 2014/15

Some of the Workforce Transformation objectives for the forthcoming year include:-

- Assist with the development and delivery of a dynamic workforce plan which meets the needs of the Trust.
- Establish a framework for the development and implementation of new roles in conjunction with the Senior HRM Governance.
- Ensure the availability of data for the publication of ward-based staffing levels and information.
- Ensure that the human resource policies which relate to workforce and organisational change are reviewed in a regular and timely manner and kept within date.
- Participate in the review of in house Occupational Health Services and external contractual commitments.
- Participate at a strategic level in order to reduce sickness absence.

Nursing

- Change in start and finish times for Coronary Care Unit.
- Harmonisation of Shift Patterns on Vascular Wards.
- Outpatients Department roll out of the generic nurse role and programme to support staff mobility between clinical outpatient areas.

Clinical Support

- Reorganisation of Pharmacy Senior Management roles and responsibilities.
- Extended working week of Speech and Language Therapists.
- Extension of working hours for Radiotherapy Department.
- Establishment of Renal Dialysis Unit under UHB subsidiary.
- Restructure of Technical Cardiology Management.

Non Clinical Support Services

- Review of Administrative and Clerical Staff within Radiology services following the introduction of voice recognition software.
- Review of Anaesthetics Administrative Team.
- Extension of working hours for support departments supporting the extended working hours for Radiotherapy Department.
- Extended working day of Administrative and Clerical Staff supporting the Endoscopy Department.
- Removal of on call payment to Finance Systems staff.

Transfer of Undertaking Regulations (TUPE) 2014/15

- Transfer of Pharmacy staff to Birmingham Community Healthcare Trust.
- Retendering of five Renal Dialysis Units.
- Tendering for the provision of Sexual Health Services (Birmingham City Council Public Health retendering) and potential TUPE implications.
- Transfer of Pan Birmingham Cancer Research Network to Royal Wolverhampton Hospital.
- Transfer of Birmingham Black Country CLRN to Royal Wolverhampton Hospital.

2.3 Workforce Governance

2.3.1 Equality and Diversity

A review of the Diversity statistics at 31st March 2014 show that the proportion of non-white staff members has decreased slightly to 27.57% compared to 27.68% last year. The two most useful comparisons available are the Birmingham Census of 2011 which reported that 42.07% of Birmingham was of a non-white background, and the 2006 West Midlands Public Health Observatory statistics which stated that 23.35% of the population in the West Midlands was of a non-white background. A more detailed breakdown can be found in Appendix 1.

At 31st March 2014, 1.92% (163) of staff had declared a disability as defined by The Equality Act 2010. Staff members have a choice as to whether or not they wish to disclose a disability and 35.36% chose not to disclose.

The gender breakdown of staff as at 31st March 2014 was 72.03% female and 27.97% male.

Appendix 1 describes the Trust's workforce demographics in more detail.

A session on Equality and Diversity is included in the Corporate Induction programme, ensuring that all new starters to the Trust are familiar with the Trust's expectations regarding equality and diversity. Equality and Diversity is also covered in recruitment and selection training.

Collaborative and reciprocal working with key 3rd sector organisations has been underway since March 2011. This fulfils key objectives of community engagement and at the same time provides staff with up to date education from specific specialist training providers. This innovative process also provides organisations with professional support from UHB staff and in return UHB receive not only training but also engagement and consultation without payment commitment from either party. In addition to our continuing partnership with Sense, Autism West Midlands, Restore, Guide Dogs for the Blind and Action for Blindness, new collaborations include Action for Hearing and Age Concern. Action for Hearing will see UHB providing 'pop up' hearing aid 'clinics' and with Age Concern we will look to 'walk the hospital'. An initiative aimed to provide safe exercise and added value sessions for the elderly where our teams will follow a walk with an educational session to improve health and knowledge.

2.3.2 National Staff Survey

The annual staff survey was conducted by the Department of Health and distributed to a sample of staff between September and December 2013. The responses were grouped into 28 key finding areas (38 key findings in 2010 and 2011) and benchmarked against other acute trusts nationally. These results then enable us to determine whether our staff experience is in the 20% best or worst Trusts, and where we sit in comparison to the national average.

This year's results were once again very positive with the Trust scoring in the top 20% or above average in 19 of the 28 areas. An action plan to target areas for improvement has been developed and will be monitored by the Strategic Delivery Group on a quarterly basis. A more detailed breakdown of the results and a comparison with other Trusts can be found in Appendix 2.

UHB saw a significant improvement in response rate at 60%, up from 48% in 2012. A breakdown of results can be found on Page 26 of this report.

When compared with other trusts in the West Midlands, our results were very favourable with UHB having more findings either above average or in the top 20% of trusts than any other local trust.

2013 Staff Survey Action Plan

The action plan this year focuses on improving the following key areas and has been discussed in detail with the respective Directors of Operations.:

- Response rates by staff group and Division.
- Divisional action plans based around problem areas for that Division.
- Increase health and safety training and ensure staff know what training constitutes health and safety.

2.3.3 Workforce Policies and Procedures

A number of workforce policies and procedures were revised during 2013/14, to ensure compliance with NHSLA requirements. These include:

- Grievance and Dispute.
- Sickness absence and attendance policy.
- Disciplinary.
- Protection of pay and conditions of service.
- Flexible Working.
- Pay Progression.

All of these policies and procedures were developed in consultation with our recognised Trade unions.

2.3.4 Whistleblowing Cases

Formal complaints of whistleblowing are reported to the HR Governance team prior to investigation. There were no such complaints in the period April 2013 – March 2014.

2.3.5 Health and Wellbeing

Fruit and Vegetable Stall

This has now become a permanent fixture and part of the hospital.

Farmers' Market

This has now become part of the fabric of life at UHB with the Market celebrating its first anniversary in November 2013. There are now, on average, 20 stalls regularly trading on the last Wednesday of the month.

Mindfulness

UHB is committed to the psychological as well as the physical support of its staff. Mindfulness is a way of helping people focus on the present moment by using meditation, yoga and breathing techniques. It involves consciously bringing awareness to our thoughts, feelings and actions, without making judgments about them.

Mindfulness was trialled on ward 621 and the outcome received much praise at national conferences for the novel approach.

2.3.6 Pay and Rewards

Job Evaluation

There are a small number of new posts coming through for job evaluation. The target for processing these is two weeks. In many cases these are completed within 2 – 7 working days. The majority of posts are amendments to already matched roles and are agreed within 48 hours.

On-call Payments

Following the failure of the National Staff Council to reach agreement on on-call provisions, the onus is on individual Trusts to reach agreement on future payments locally. Detailed scoping has been carried out in order to compare and evaluate the option of either Agenda for Change percentage payments or a unified flat rate of payment. We expect to commence engagement with staff in late spring/summer of this year with a resolution by autumn 2014.

Changes to Agenda for Change [AfC] National Terms and Conditions

New arrangements for staff employed on Agenda for Change terms and conditions came into effect on 31st March 2013. These were:

- Progression through all incremental pay points in all pay bands to be conditional on individuals demonstrating that they meet locally agreed performance requirements.
- For staff in bands 8C, 8D and 9, pay progression into the last two points in a band will become annually earned and only retained where the appropriate local level of performance is reached in a given year.
- The removal of accelerated pay progression associated with preceptorship for staff joining pay band 5 as new entrants.
- The scope to put in place alternative, non-AfC pay arrangements for band 8C and above.
- The removal of unsocial hours enhancements from sick pay.
- Work will soon be completed on a local policy and procedure regarding incremental pay progression.

2.3.7 Workforce Governance Priorities for 2014/15

- Continue the roll out of Equality Delivery System which will enable the Trust to fulfil its duties under the Equality Act 2010;
- Continue to work with 3rd sector groups to share knowledge and expertise and provide training on various equality and diversity topics;
- Introduction of a Trust wide diversity questionnaire to improve monitoring data;
- Delivery of the staff survey action plan;
- Ensuring all Human Resources policies and procedures are up to date with current legislation and implement changes where required;
- Develop a health and wellbeing strategy;
- Develop an audit programme for work undertaken by the HR department;
- The continued refresh of the Me@QEHB staff wellbeing portal;
- Work with IT to develop an electronic staff file system to enable the Trust's governance responsibilities to be more effectively met;
- Resolution of on-call payments;
- Roll out of a pay progression procedure following changes to national Agenda for Change terms and conditions;
- Lead the development and implementation of the staff friends and family test.

2.4 Workforce Operations

2.4.1 First Contact Team

The First Contact Team are the first port of call for all staff and managers across the Trust, providing advice and guidance on all HR policies, procedures and terms and conditions of employment. This includes first line advice on disciplinary, grievance, harassment and bullying and poor performance issues. In addition to providing advice via telephone and email communication, the team also undertake face to face meetings including exit interviews with leavers on request.

Between 1st April 2013 and 31st March 2014, the team processed approximately 8,703 emails and 4712 calls. The top 5 inbox and telephone enquiries were related to sickness absence, annual leave, unauthorised leave, honorary contracts, and confirmation of employment requests.

The team is also responsible for a number of administrative functions. These include, monitoring of NHSLA standards for professional registration and right to work checks which are undertaken on a monthly basis. The NHSLA Assessment in September 2013 demonstrated that the department are fully compliant with Level 2 standards.

On average the team process 160 payroll forms per month for new substantive and bank staff. The team also ensure honorary contracts are in place for staff who are not directly employed by the Trust who undertake clinical activity, research projects and work placements or observing within a clinical environment at the trust. In the last 12 months, the team processed on average 45 honorary contract applications per month.

The team provide absence information to managers on a monthly basis for those staff who have triggered and includes providing advice and guidance to managers to ensure that the Trust Sickness Absence and Attendance Procedure is implemented consistently and fairly across the Trust. Information includes advising on the escalation of short term 2nd trigger and long term sickness referrals. In the last 12 months an average of 68 new sickness cases were referred each month.

2.4.2 Employee Services

Sickness Absence

The Trust's sickness absence rate for 2013/2014 was 3.48% which is a significant reduction from 2012/13 when it was 3.89%. The department is working closely with managers to reduce the absence rate further by implementing the Sickness and Attendance Management Procedure and educating managers to implement strategies to encourage consistent attendance.

This is excellent performance with the trust being the best performing acute trust in the West Midlands. See appendix 4 for detail.

The absence rate for Additional Clinical Services staff remains high but has reduced from 6.68% in 2012/13 to 6.5% in 2013/14. Qualified nursing staff sickness in the same period has significantly reduced from 4.35% to 3.72%.

Since April 2013 the Employee Services team has had a very slight decrease in the sickness case load from 787 cases to 772 cases and these are being actively managed under the sickness process. Of these 192 are long term sickness cases and 605 are short term sickness cases.

The table below shows the number of staff being managed for short term sickness absence as at 31st March 2014

	2 nd Trigger	3rd Trigger
Short Term	562	40

There were a total of 101 formal cases in 2013/14. This represents a slight increase in cases when compared to the previous financial year. Of the 101 cases 62 were disciplinary cases, 12 grievance cases, 17 harassment cases and 10 MHPS cases (Maintaining High Professional Standards in the Modern NHS).

The outcomes of these cases are detailed in Appendix 3. The average length of cases from commencement to closure in weeks for cases reduced from the previous financial year and was:

2012/2013			2013/2014	
Case Type	Number of cases	Average length of case (weeks)	Number of cases	Average length of case (weeks)
Disciplinary	72	10	62	8.26
Harassment	16	14	17	16.50
Grievance	6	14	12	5.83
Total	94	12.6	91	9.52

Maintaining High Professional Standards

2013/2014		
Case Type	Number of cases	Average length of case (weeks)
Disciplinary	8	20.31
Harassment	3	12.50
Grievance	0	0
Total	11	10.94

Poor Performance Cases

In April 2013 there were 11 formal poor performance cases. This has now risen to 17 cases. The department is running poor performance awareness sessions for all managers in the Trust in order to increase the focus on managing performance.

Employment Tribunal Cases

There were 7 Employment Tribunal cases either listed during this financial year or carried forward from last year.

People Management Training

Human Resources deliver the following programme of training:

- Essential Skills for People Management including Prevention of Harassment & Bullying;
- Recruitment and Selection;
- Sickness Absence Management.

In addition to the standard suite of training packages, bespoke interactive sickness training sessions were rolled out in 2013/14 for line managers.

During the financial year Human Resources staff trained 286 managers in one or more of these areas.

2.4.3 Recruitment

In the period from 1st April 2013 and 31st March 2014, the Trust recruited to 1122 vacancies (1698 new starters), with activity broken down as follows:

- Nursing: 328 vacancies (621 new nurse starters);
- Others (general): 647 vacancies (863 new starters) (this includes all other staff groups not covered by medical and nursing);
- Medical: 69 vacancies (57 new starters) (this excludes Junior Specialist Doctors and Deanery rotational posts);
- Junior Speciality Doctors (JSDs): 78 vacancies (157 new starters)

2.4.4 Me@QEHB

The staff portal, Me@QEHB was successfully launched to all staff in September 2011 and the number of users has stabilised but is consistent at around 1500 hits per day and considerably higher on pay day.

Last year saw the introduction of the Learning Management System and the Health and Wellbeing Portal and the next phase of the project will see the launch of:

Electronic Personal Files – This system will hold staff personal files electronically in a central database allowing only authorised users access. Paper records for staff are becoming unmanageable and this system will support information governance requirements. The system follows the success of the electronic patient record.

START 2 –The system is being enhanced in order to improve the functionality and be better able to support the recruitment administration processes.

2.4.5 Employee Services/Recruitment Priorities for 2014/15

a) Supporting workforce availability and productivity

Sickness Absence Management

- Undertake targeted absence management workshops with managers whose departmental absence rates are above average.
- Undertake focus groups with staff groups where absence is consistently high and above average.

Provide information to managers relating to staff sickness absence with a view to actively managing sickness absence to continue the exceptional performance.

Case work and Advisory Service

- Analyse current methodologies of managing case work with a view to reducing the time required to investigate and conclude cases via fast track meetings.
- Develop summary leaflets on key HR policies and procedures to provide key guidance and information to staff and managers on day to day HR queries.

Performance Management

- Undertake interactive performance management awareness for managers with the aim of improving productivity across the Trust.
- Work with managers to redesign the performance management processes and review the procedure accordingly. This process is to include where newly qualified staff are unable to meet the requirements under the Preceptorship Scheme.

Workforce Efficacy

- Work with Informatics in the designing of reports from SMART data in order to establish where staff are consistently late for work and hence cause risk to optimum staffing levels.

b) Innovation and support via technology

- Work with IT to develop an electronic staff file system to enable the Trust's governance responsibilities to be more effectively met.
- Review the documentation and information on Ask-HR module of Me@QEHB in order to improve support and advice available to managers.
- Continue to develop the Master Staff Index to improve the accuracy of the employee hierarchy.

c) Recruitment and Retention

- Reduce 'time to hire' to an average 12 weeks by March 2015.
- Support managers following the introduction of NHS Jobs 2 including training on the use of the system.
- Work with Service Improvement in order to eliminate system workarounds as far as possible.

- Work with IT to improve the START system in order to support the reduction of the time to hire and improve the efficacy of the administration systems.
- Support Divisions with nurse recruitment by developing innovative solutions to recruitment and selection techniques and reducing the number of successful candidates lost within the pathway due to inefficiencies.
- Develop systems in order to reduce staff turnover, particularly in respect of Band 5 nursing staff by understanding motivation for leaving the Trust through effective collation and reporting of exit questionnaire data in order to increase workforce availability.
- Work with departments to improve the administration systems for honorary contracts and provide clarification on the requirements for creating an engagement with the Trust.

d) Workforce information and administration governance systems

- Support the collation of evidence and monitoring requirements for post employment checks i.e. Professional Registration and Right to Work to NHSLA Level 3 standards.
- Support the Master Staff Index Project to improve data quality and reporting structures in the Electronic Staff Record.
- Work with the Me@QEHB project team to develop processes for automating inputting of workforce information into ESR in order to reduce processing time and improve data quality.

2.5 Medical Workforce

During 2013/14 the JSD team was relocated to the Medical Resourcing Team and new working and managerial arrangements agreed. In addition, the budget for the implementation of the Locum Register was approved on a 12 month basis initially and appears to offer considerable savings to Divisions.

A major review of Maintaining High Professional Standards (MHPS) took place and the new policy and procedure implemented in February 2014. There have been a relatively high number of medical cases under MHPS/other Trust processes but it is hoped this will reduce to a more normal rate in 2014/15. Work on the ESR Deanery interface was undertaken in 2013 and successfully implemented to increase efficiency and ensure data quality.

In 2014/15, new funding arrangements for doctors in training grades will throw up some significant challenges to the Trust including an assessment of service contribution for the cost and our willingness to host staff in other organisations.

2.5.1 Medical Resourcing Priorities for 2013/14

- Develop and embed Locum Register.
- Development of KPIs for Locum Register.
- Review all processes for JSD recruitment and organisation.
- Review processes and documentation for medical honorary contracts.

- Influence NHS Employers on new national contracts for medical staff.
- Develop a Trust Job Planning policy.
- Identify issues arising from new educational tariffs.

3 Conclusion

The continued expansion of clinical services has led to another significant increase in our permanent workforce. The workforce has grown by a further 6.4% from 2013 to 2014. Over the two years from March 2012 the workforce has grown by 13.9%.

This together with our regular review of services has presented many challenges and opportunities. It is reassuring that our staff see UHB as an employer of choice, this is indicated in our staff survey results and are amongst the best in the country.

Workforce Statistics at 31st March 2014**1. Staff in post**

Staff Group	Headcount
Add Prof Scientific and Technic	323
Additional Clinical Services	1263
Administrative and Clerical	1786
Allied Health Professionals	488
Estates and Ancillary	816
Healthcare Scientists	372
Medical and Dental	1069
Nursing and Midwifery Registered	2486
Total	8603

Division	Headcount
A	2448
B	1148
C	1435
D	1257
Corporate	2315
Total	8603

2. Ethnic Origin

Ethnicity	Number	(%)
British	5512	64.07 %
Irish	138	1.6 %
Any other White background	457	5.31 %
White & Black Caribbean	77	0.9 %
White & Black African	15	0.17 %
White & Asian	36	0.42 %
Any other mixed background	62	0.72 %
Indian	577	6.71 %
Pakistani	193	2.24 %
Banqladeshi	38	0.44 %
Any other Asian background	351	4.08 %
Caribbean	264	3.07 %
African	230	2.67 %
Not Known	1	0.01 %
Any other Black background	181	2.1 %
Chinese	57	0.66 %
Any other ethnic group	296	3.44 %
Not Specified	118	1.37 %
Total	8603	100 %

3. Disability

Disability	Number	(%)
No	5474	63.63 %
Not Declared	2960	34.41 %
Undefined	5	0.06 %
Yes	164	1.91 %
Grand Total	8603	100

4. Age

Age Range	Number	(%)
18 - 24	697	8.1 %
25 - 29	1137	13.22 %
30 - 34	1095	12.73 %
35 - 39	1122	13.04 %
40 - 44	1152	13.39 %
45 - 49	1163	13.52 %
50 - 54	1025	11.91 %
55 - 59	713	8.29 %
60 - 64	380	4.42 %
65 +	119	1.38 %
Grand Total	8603	100 %

5. Gender

Gender	Number	(%)
Female	6182	71.86 %
Male	2421	28.14 %
Grand Total	8603	

6. Sexual Orientation

Sexual Orientation	Number	(%)
Bisexual	36	0.42 %
Gay	48	0.56 %
Heterosexual	5165	60.04 %
I do not wish to disclose my sexual orientation	3322	38.61 %
Lesbian	30	0.35 %
Undefined	2	0.02 %
Grand Total	8603	100 %

7. Religious Belief

Religious Belief	Number	(%)
Atheism	526	6.11 %
Buddhism	33	0.38 %
Christianity	3438	39.96 %
Hinduism	256	2.98 %
I do not wish to disclose my religion/belief	3409	39.63 %
Islam	350	4.07 %
Jainism	1	0.01 %
Judaism	10	0.12 %
Other	411	4.78 %
Sikhism	166	1.93 %
Undefined	3	0.03 %
Grand Total	8603	100 %

8. Turnover 2013/14

Staff Group	Av HC	Leavers	Turnover %
Add Prof Scientific and Technic	346	44	12.72 %
Additional Clinical Services	1175	79	6.72 %
Administrative and Clerical	1687	171	10.14 %
Allied Health Professionals	477	40	8.38 %
Estates and Ancillary	773	56	7.24 %
Healthcare Scientists	383	49	12.79 %
Medical and Dental	419	38	9.06 %
Nursing and Midwifery Registered	2400	138	5.75 %
Total	7660	615	9.1 %







NOTE: Excludes Doctors in Training, JSDs and Bank Staff
















Ethnicity of Leavers	Number	Ethnicity of Leavers	Number
White - British	397	Chinese	2
White - Irish	12	Any Other Ethnic Group	7
White - Any other White background Count	12	Filipino	1
White Unspecified	1	Other Specified	2
White English	18	Not Stated	14
White Scottish	2	Total	615
White Welsh	2		
White Greek	2		
White Italian	1		
White Polish	2		
White Other European	5		
Mixed - White & Black Caribbean Count	6		
Mixed - White & Black African Count	1		
Mixed - White & Asian	2		
Mixed - Any other mixed background Count	5		
Mixed - Black & White	4		
Mixed - Chinese & White Count	1		
Mixed - Asian & Chinese Count	1		
Asian or Asian British - Indian Count	36		
Asian or Asian British - Pakistani	16		
Asian or Asian British - Bangladeshi	6		
Asian or Asian British - Any other Asian background	7		
Asian Punjabi	5		
Asian Kashmiri	2		
Asian East African	2		
Asian British	8		
Asian Unspecified	1		
Black or Black British - Caribbean	13		
Black or Black British - African	9		
Black or Black British - Any other Black background	3		
Black Somali	1		
Black Nigerian	4		
Black British	2		





Gender of Leavers	Number
Female	440
Male	175
Total	615





Disability of Leavers	Number
No	423
Not Declared	182
Undefined	1
Yes	9
Total	615




BREAKDOWN OF STAFF SURVEY 2013 RESULTS



The following tables show a summary of the scores and our performance when benchmarked against other acute Trusts. Also shown is whether scores have increased  decreased  or  there is no significant change  and whether that shows an improvement  or deterioration  in the staff experience from 2011. The Department of Health determines this status.

Highest (Best) 20%	2013 Score	2012 Score	+/-	National Average
% feeling satisfied with the quality of work and patient care they are able to deliver	85%	86%		79%
% agreeing that their role makes a difference to patients	94%	94%		91%
Work pressure felt by staff (lower score better)	2.86	2.88		3.06
% receiving job relevant training, learning or development in the last 12 months	87%	85%		81%
% suffering work-related stress in the last 12 months (lower score better)	30%	29%		37%
% feeling pressure in last 3 months to attend work when feeling unwell (lower score better)	25%	25%		28%
% reporting good communication between senior management and staff	35%	33%		29%
% of staff able to contribute towards improvements at work	73%	71%		68%
Staff job satisfaction	3.74	3.64		3.60
Staff recommendation of the trust as a place to work or receive treatment	4.04	3.93		3.68
Staff motivation at work	3.97	3.86		3.86
% having well-structured appraisals in the last 12 months	44%	39%		38%
Support from immediate managers	3.73	3.61		3.64
Fairness and effectiveness of incident reporting procedures	3.59	3.49		3.51
% of staff believing the Trust provides equal opportunities for career progression or promotion	92%	90%		88%

Above average/ Below average (better than)	2013 Score	2012 Score	+/-	National Average
% experiencing harassment, bullying or abuse from patients/relatives/public in the last 12 months (lower score better)	28%	29%		29%
Effective team working	3.79	3.78		3.74
% appraised in the last 12 months	86%	83%		84%
% saying hand washing materials are always available	65%	59%		60%

Average	2013 Score	2012 Score	+/-	National Average
% of staff having equality and diversity training in the last 12 months	62%	56%		60%
% witnessing potentially harmful errors, near misses or incidents in the last month (lower score better)	32%	31%		33%
% experiencing harassment, bullying or abuse from staff in the last 12 months (lower score better)	24%	23%		24%
% experiencing discrimination at work in the last 12 months (lower score better)	10%	15%		11%

Below average/ Above average (worse than)	2013 Score	2012 Score	+/-	National Average
% working extra hours	71%	73%		70%
% receiving health & safety training in last 12 months	73%	72%		74%
% experiencing physical violence from patients/ relatives/public in the last 12 months (lower score better)	16%	15%		15%

Highest/Lowest (Worst) 20%	2013 Score	2012 Score	+/-	National Average
% reporting errors, near misses or incidents in the last month	92%	94%		90%
% experiencing physical violence from staff in the last 12 months (lower score better)	4%	2%		2%

Findings from the Staff Survey 2013

Response Rates

The overall response rate was 60% which was a 5% improvement from 2012. There were significant variances in the response rates by division and staff group. The divisional response rates were as follows:

- Corporate – 74.4%
- Division A - 65.5%
- Division B – 54.0%
- Division C – 47.7%
- Division D – 46.5%

The breakdown of responses by staff group is shown below:

- Add Prof Scientific and Technical – 60.0%
- Additional Clinical Services – 50.5%
- Administrative and Clerical – 69.1%
- Allied Health Professionals – 83.1%
- Estates and Ancillary – 80.6%
- Healthcare Scientists – 75.0%
- Medical and Dental – 39.8%
- Nursing and Midwifery Registered – 51.5%

Local Questions

The local questions which the Trust added to the national survey were mainly structured around the Trust's visions and values. The responses to the local Trust questions were positive overall.

91.2% take responsibility for meeting the Trust's visions and values.

and 93.7% of staff believe they are responsible for delivering the best in care either directly to patients or through the work they do.

95.6% of staff understands how their role contributes to patient care.

91.2% of staff take responsibility for meeting the trusts visions and values

21.2% of staff felt that in the last 12 months the Trust has cared more about their health and wellbeing.

70% of staff receive monthly team brief.

COMPARISON OF UHB STAFF SURVEY AGAINST OTHER TRUSTS

	Number of combined highest scores	Worst 20%	% Response rates
SHELFORD GROUP TRUSTS			
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	23 (16+7)	0	52%
University Hospitals Birmingham NHS Foundation Trust	19 (15+4)	2	60%
Guy's And St Thomas' NHS Foundation Trust	18 (15+3)	2	50%
Cambridge University Hospitals NHS Foundation Trust	16(13+3)	1	47%
King's College Hospital NHS Foundation Trust	14 (12+2)	7	42%
University College London Hospitals NHS Foundation Trust	17 (11+6)	5	48%
Oxford University Hospitals NHS Trust	20 (8+12)	1	45%
Central Manchester University Hospitals NHS Foundation Trust	14 (8+6)	3	46%
Imperial College Healthcare NHS Trust	6 (4+2)	11	49%
Sheffield Teaching Hospitals NHS Foundation Trust	8 (2+6)	6	55%

	Number of combined highest scores	Worst 20%	% Response rates
LOCAL TRUSTS			
University Hospitals Birmingham NHS Foundation Trust	19 (15+4)	2	60%
The Royal Wolverhampton Hospitals NHS Trust	19 (13+6)	1	35%
Sandwell And West Birmingham Hospitals NHS Trust	19 (9+10)	2	37%
University Hospital Of North Staffordshire NHS Trust	15 (6+9)	2	55%
Burton Hospitals NHS Foundation Trust	10 (6+4)	4	64%
The Dudley Group Of Hospitals NHS Foundation Trust	13 (5+8)	4	48%
Mid Staffordshire NHS Foundation Trust	11 (5+6)	3	52%
Worcestershire Acute Hospitals NHS Trust	7 (5+2)	8	42%
Walsall Healthcare NHS Trust	7 (4+3)	6	53%
University Hospitals Coventry And Warwickshire NHS Trust	5 (1+4)	9	37%
Shrewsbury And Telford Hospital NHS Trust	3 (0+3)	17	55%
Heart Of England NHS Foundation Trust	1 (0+1)	13	35%

Casework Outcomes for Cases closed April 2013-2014

Disciplinary		
Outcome of Disciplinary Process	2012/13	2013/14
Dismissal	11	15
Final Written Warning	13	6
First Written Warning	12	16
Verbal Warning	3	1
Pre-disciplinary Counselling	17	13
No Case to Answer	8	5
Resignation	8	6
TOTAL	72	62

Harassment		
Outcome of Harassment & Bullying Process	2012/13	2013/14
Formal Disciplinary Warning	1	3
Not Upheld	11	12
Pre-disciplinary Counselling	2	0
Resignation	0	0
Ongoing	2	2
TOTAL	16	17

Grievance		
Outcome of Grievance Process	2012/13	2013/14
Upheld	1	2
Not Upheld	5	6
Withdrawn	0	2
Partly Upheld	0	2
TOTAL	6	12

MHPS		2013/14
Outcome of Disciplinary Process		
Dismissal		1
Pre-disciplinary Counselling		5
Resignation		1
TOTAL		7

MHPS		2013/14
Outcome of Harassment Process		
First Written Warning		1
Pre-disciplinary Counselling		2
TOTAL :		3

Sickness Comparator Data

1. Acute Sickness Comparator (Rolling)

Organisation (Acute West Midlands)	Sick Rate Jan 14 (rolling)
1 University Hospital Birmingham NHS Foundation Trust	3.4%
2	3.8%
3	3.8%
4	3.8%
5	3.8%
6	3.8%
7	4.1%
8	4.1%
9	4.1%
10	4.2%
11	4.2%
12	4.2%
13	4.4%