

**UNIVERSITY HOSPITALS BIRMINGHAM
NHS FOUNDATION TRUST**

BOARD OF DIRECTORS

ANNUAL WORKFORCE REPORT

JULY 2015

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

ANNUAL WORKFORCE REPORT 2014/15

1 Introduction:

The annual workforce report detailed below outlines the main workforce issues faced by University Hospitals Birmingham NHS Foundation Trust during 2014/15 and how it has responded to them. The report also includes workforce statistical information for the year ending March 2015.

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

- a) Develop a five year workforce strategy in line with the service development strategy and evolving clinical developments;
- b) Ensure workforce availability;
- c) Deliver improvements in staff health and wellbeing;
- d) Further develop automated processes for workforce management including the development of a master staff index;
- e) 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 – 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. In depth planning took place with the operating divisions, corporate services and professional leads to develop the plan.

1.2 Workforce Transformation – the immediate Trust priority in 2014/15 was to continue to support the challenges of the current and future NHS which require new ways of working and innovative workforce strategies and practices to create a flexible workforce. This included a number of projects to restructure departments, review skills mix and shift patterns and extend working hours/weeks to meet changing demands in the provision of patient care.

1.3 Workforce Governance – 2014/15 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. In addition, the Trust continues to be recognised as an organisation of best practice for many of its innovative approaches to Equality and Diversity and staff wellbeing, receiving nominations for 5 external awards over the period and winning 2 of those.

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 disciplinary and grievance cases. Whilst sickness rates in the Trust have increased marginally from 3.48% to 3.63%, the Trust's sickness absence rates continue to outperform trusts in the local health economy. Training has been delivered to managers across the Trust to ensure that managers have the necessary skills to support their workforce.

1.5 Medical Resourcing - The main challenge for Medical Resourcing has been the recruitment of medical and dental staff at both junior and senior level. This is due to the national shortage of doctors. Work on the Locum register has continued and successfully demonstrated the potential to make significant budget savings for the Trust. Medical workforce procedures and protocols have been reviewed and developed. Finally, work was undertaken on the internal rotations for the Junior Specialist Doctors (JSD) programme.

Progress against the delivery of these themes and the priorities for 2015/16 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 Clinical Service Leads in conjunction with Directors of Operations and members of the Divisional Senior Management Teams and validated by Professional Leads of Service, the Head of Education and the Senior Human Resource Manager - Workforce Transformation 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' 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 2014/15 the meeting infrastructure to oversee delivery of the workforce planning processes was reviewed and an Executive Strategy Workforce Group was established. The Operational Workforce Planning Group reports into the strategic group, is chaired by the Director of Human Resources and comprises of 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 and risks being identified and plans developed to support service delivery. During 2014/15 the operational workforce planning group oversaw delivery of the 5 year workforce development strategy. In addition, specific areas of work focused on a refresh of Health Care Scientists occupational coding, a review of age

profiles with a retirement survey being conducted across key workforce groups, and a review of the current reporting of leavers with production of reports by staff group and location to identify trends within the staff.

The initial priorities for 2015/16 are to: produce a robust 5 year workforce plan which also provides information in respect of the education and training commissioning as required by Health Education West Midlands; monitor performance against plan; liaise with Finance & Informatics departments to create workforce reports which meet the needs of the strategic and operational workforce planning group; and continue to identify workforce risks and develop robust actions plans as appropriate.

Key challenges facing the Trust are outlined below:

- The Trust has significant predicted growth of qualified Therapeutic Radiographers in line with the increasing prevalence of cancer associated with the increasing age demographic. There are significant difficulties recruiting to this staff group due to a national shortage.
- There is predicted growth of qualified Diagnostic Radiographers. Due to the national shortage of this staff group there are recruitment challenges.
- A requirement to increase the junior medical workforce to support increased activity against an anticipated decrease to the number of junior medical staff in Deanery Training posts. The provision of high quality junior doctors is a national issue particularly at middle grade level.
- Due to increased activity there is growth across all areas of Health Care Science and this is in addition to risks posed by an ageing workforce. National changes to the training programmes has led to a decreased number of graduates fit for purpose at career entry level.
- There is continued growth across the qualified nursing staff group. There are recruitment challenges and this is a national issue.
- Due to growth in Theatre activity there is continued demand for experienced theatre nurses and ODP's. Recruitment remains a challenge and this is a national issue.

The Trust continues to develop action plans and strategies to manage these workforce risks.

2.2 Workforce Transformation

The Transformation Team have been involved in over 50 workforce transformation projects over the period 1st April 2014 to 31st March 2015. A further 28 workforce transformation projects have commenced and will be completed during 2015/2016. 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 Workforce Transformation and Planning Team follow a robust workforce planning process. Multi-disciplinary and staff group specific planning meetings are held on a regular basis and include Human

Resources, Medical, Nursing and Clinical and Non-Clinical support managers. For example there are monthly Nursing Workforce meetings that are attended by Associate Directors of Nursing and a Workforce Transformation representative. Meetings are also held with each of the Divisions.

The Trust's organisational change procedure clearly identifies the methodology for communicating and implementing workforce and service change. The robust 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

- Change in start and finish times for Coronary Care Unit;
- Harmonisation of Shift Patterns Vascular Wards;
- Review of additional hours worked in Ophthalmology, Ear Nose and Throat (ENT) and Maxillofacial in respect of Nursing, Administrative and Clerical and Orthoptist staff;
- Roll out of the generic nurse role in Outpatients Department and programme to support staff mobility between clinical outpatient areas;
- Tendering exercise in respect of four Renal Dialysis Units;
- Establishment of subsidiary companies to provide Renal Dialysis Services to the Smethwick area and Facilities support;
- Tender for Redditch Dialysis Unit;
- Harmonisation of shift times on Ward 728;
- Harmonisation of shift times in Renal/Upper Gastro Intestinal;
- Transfer of Discharge Lounge to Division A;
- Review of Structure of Critical Care Stores function;
- Development of Advanced Critical Practitioner roles and implementation of new team;
- Review of Divisional Practice Development Nursing (PDN) roles and structure;
- Review of Emergency Theatre provision to surgical specialities, expansion of working days and working week;
- Restructure and skill mix review for Ambulatory Care Theatres;
- Implementation of Band 7 nursing Team Leader rotation programme to enhance and extend skills and knowledge of Team Leaders;
- Shift changes to Wellcome Theatres;
- Rationalisation of shift patterns within Recovery Theatres;
- Review of overtime payments in Ophthalmology/ENT and Maxillo Facial;
- Review of Site Managers and 24/7 project;
- Review of shifts worked within the Emergency Department;
- Review of management structure in Technical Cardiology management;
- Transfer of Moving and Handling team from Occupational Health to Therapy Services in Division A;

- Review of staffing in Lung Function Research.

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. Other projects included skill mix reviews and restructures of teams.

These areas included:

- Review of Physicians Assistant (Anaesthesia) roles and functions;
- Review of on-call and out of hours provision and implementation of new system for Pathology Services;
- Transfer of Skin Tissue Laboratory to Division A;
- Review of skill mix and Divisional support structure of the Clinical Pharmacy team;
- Extending the working week for the Speech and Language Service;
- Review of weekend provision in emergency and urgent care;
- Changes to out of hours provision in Imaging;
- Review of National External Quality Assessment Service (NEQAS) skill mix and structure;
- Extending working for MRI Service;
- Extension of working hours for Radiotherapy Department;
- Restructure of Technical Cardiology Management;
- Reorganisation of Senior Management roles in Pharmacy;
- Restructure of Clinical Pharmacy Team and on call provisions;
- Introduction of voice recognition software into Radiology Medical Secretaries Department;
- Review of extended working hours in the Medical Physics Department following the extension of hours in the Radiotherapy Department;
- Review of staffing levels in Medical Physics Repair Section;
- Review of staff in Lung Function Research;
- Review of payments to Radiographers for night shift working;
- Transfer of Moving and Handling Team from Occupational Health to Physiotherapy;
- Review of roles within the Medical Engineering.

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 Administrative and Clerical Staff within Radiology services following the introduction of voice recognition software;
- 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;
- Review of Anaesthetic Administration Team;
- Establishment of Graduate Training Scheme in Procurement;
- Restructure of Pensions Department;
- Review skill mix requirements and restructure of Imaging Medical Secretaries team;
- Review and restructure of Anaesthetics and Theatre team support roles;
- Review of working hours for Medical Secretaries in Neurology;
- Transfer of Pharmacy Buying Team from Pharmacy to Procurement;
- Review of Locate Service;
- Review of staffing levels in Legal Services Department;
- Review of Divisional Medical Staffing links structure;
- Review of Working patterns of Chefs;
- Review of Catering Team Leaders roster;
- Review of Portering shifts;
- Review of Medical Secretary working patterns in Diabetes;
- Review of Non-Emergency Patient Transport structure.

2.2.4 Transfer of staff between UHB and other organisations during 2014/15

Five transfers of staff between UHB and other organisations have occurred during the year. These followed reviews of service level agreements between UHB and other organisations. These include transfers in to the trust and transfers out of the trust.

- Transfer of Community Pharmacy Services staff to Birmingham Community Health Care Trust;
- Transfer of Pan Birmingham Cancer Research Network and Clinical Research Network to Royal Wolverhampton Hospital;
- Transfer of Immunology post from Laboratories to University of Birmingham;
- Transfer of National External Quality Assessment Service (NEQAS) Laboratory service from Heart of England NHS Foundation Trust;
- Transfer of MidTECH into the Trust;
- Transfer of Payroll Services from Basildon and Thurrock NHS Trust.

2.2.5 Additional Projects included:

- Preparation for the retendering of Sexual Health Services and confirmation our Trust was the winning bidder for an £89 million contract to deliver a new service model across Birmingham and Solihull to commence 10th August 2015. Appropriate due diligence analysis commenced to support the project. A member of the Workforce Transformation Team is on the Project Board and chairs the Human Resources sub group;
- Refresh of the recoding exercise of 450 Health Care Scientist posts;
- Age profiling project and retirement survey undertaken across key staffing groups;

- Review of Health Care Scientist Workforce and key findings to inform future action plans;
- Scoping of Capacity and Demand project to further develop additional extended Theatres times and case mix lists across all Theatres;
- Strategic Delivery Group report on the trust's turnover with on-going updates to be provided to Divisional Consultative Committees quarterly;
- Review of workforce planning processes across the Trust to support delivery of a Trust workforce plan;
- Implementation of a new meeting infrastructure to ensure workforce risks are identified and action plans put in place to support workforce planning and development;
- Completion of the 2014/15 workforce plan and submission of plan to the Clinical Commissioning Group and Health Education West Midlands to inform education commissioning and investment intentions.

2.2.6 Redundancies

A total of 4 (Corporate, Divisions A & B) 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 2015/16

Key Workforce Transformation objectives for the forthcoming year include:-

- Drive the development and delivery of a dynamic workforce plan which meets the needs of the Trust;
- Ensure workforce implications of planned service expansions are risk assessed and reported;
- 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;
- Lead the sickness absence task and finish group;
- Provide turnover data and highlight 'hotspot' areas quarterly to Divisions with recommendations on actions.

Nursing

- Implementation of on call rota for the Apheresis Team;
- Implementation of 7 day working within Palliative Care nursing team
- Review of staff with restrictions in Endoscopy Unit;
- Review of working hours for Cardiology and covering of a late class;
- Extension of working days Diabetes Unit;
- Implement organisation change programme enabling Capacity and Demand project to further develop additional extended Theatres times and case mix lists across all Theatres;
- Completion of project to implement 3 session working day across ophthalmology services;
- Review and full implementation of the 24/7 site management project.

Clinical Support

- Review of Audiology Services;
- Review of Radiotherapy Services;
- Migrate discharge medicines activity from Pharmacy to Pharmacy@QEHB;
- Review and implement Therapies senior management team organisational re structure following succession planning project;
- Introduce new service model of advanced critical care support staff to supplement Junior Doctors rotas;
- Rationalise on call payments systems for Clinical support staff groups;
- Implement 24/7 working for Pathology Services to satisfy urgent and emergency care week nights and weekend provision;
- Implement Genome 1000 project with Pathology Services and partner organisations;
- Implement Positron emission tomography-computed tomography (PET CT) project;
- Extend the working week in Occupational Therapy;
- Implement new shift system for Imaging staff to cover out of hours, including nights, weekend and extended shifts provision;
- Finalise new arrangements for temporary staff following the Locate review.

Non Clinical Support Services

- Review of Administrative and Clerical staff roles trust wide;
- Review of band 2 Clerical duties within Endoscopy Department;
- Review of band 2 Clerical duties within Emergency Department.

Proposed transfers of staff between UHB and other organisations

- Transfer of Sexual Health services (SHS) from Heart of England NHS Foundation Trust and Brook to UHB into the redesigned SHS (Umbrella) August 2015;
- Potential transfer from UHB Pathology Service to external provider
- Transfer of staff to UHB from external provider for new Positron emission tomography-computed tomography (PET CT) scanner service.

Divisional Consultative Committees

Each member of the Transformational Change Team is assigned a Divisional committee and attend the meetings on a monthly basis providing HR input and share reports on key performance indicators.

2.3 Workforce Governance

2.3.1 Equality and Diversity

A review of the Diversity statistics at 31st March 2015 show that the proportion of non-white staff members has increased slightly to 27.99% compared to 27.57% 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 2.

At 31st March 2015, 1.87% (165) of staff had declared a disability. Staff members have a choice as to whether or not they wish to disclose a disability, 31.76% chose not to disclose.

The gender breakdown of staff as at 31st March 2015 was 71.95% female and 28.05% male.

Appendix 2 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 Blind People, new collaborations include Action on Hearing Loss and Age UK. Work with Action for Hearing Loss will see UHB providing 'pop up' hearing aid 'clinics' whilst with Age Concern we will look to 'walk the hospital', an initiative aimed at providing safe exercise 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 29 key finding areas (38 key findings in 2011 and 2012, 28 in 2013) 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 18 of the 29 areas. An action plan to target

areas for improvement has been developed and will be monitored by the Workforce Strategy Group on a quarterly basis. A more detailed breakdown of the results and a comparison with other Trusts can be found in Appendix 3.

The Trust's response rate was 56%, down from 60% in 2013, however this was still within the best 20% of acute trusts nationally.

When compared with other trusts in the West Midlands, our results were very favourable with UHB coming second in the region, behind only Dudley, in respect of the number of findings either above average or in the top 20% of trusts.

2014 Staff Survey Action Plan

The action plan has been discussed in detail with Directors of Operations and will include:

- Improving response rates by staff group and Division;
- Divisional action plans based around specific 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

Two new workforce policies and procedures were developed during 2014/15. These were:

- Work Life Balance Policy;
- Pay Progression Procedure (for staff on Agenda for Change terms and conditions).

In addition, the following policies were reviewed and modified as procedural documents to sit under the Work Life Balance policy:

- Maternity Procedure;
- Job Share Procedure;
- Special Leave Procedure.

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 2014 – March 2015.

2.3.5 Health and Wellbeing

Fruit and Vegetable Stall

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

Farmers' Market

The Farmers' Market has been in operation since November 2012. There are now on average 20 stalls regularly trading on the last Wednesday of the month.

Health pods

Two health pods are on loan from Public Health. The pods are able to measure blood pressure, height, weight and body mass index (BMI). Research monies are being sought to set up a comprehensive screening programme for staff with the ultimate aim of establishing an in-house GP service for staff.

Orchards and Gardens

The trust has designated 16,000 sq. m of land for food production and nature improvement. Working closely with key stakeholders, we have developed the following:

- 15 raised beds for food production;
- 4 orchards with 130 fruit trees;
- The planting of 10,000 bluebells and snowdrops;
- The construction of a woodland walk;
- The sewing of a wildflower meadow;
- Bee hives on site to aid pollination.

Our aim is to support Public Health initiatives aimed at local communities where social deprivation has a direct impact on health. Excess produce will be shared to enable local people to learn how to cook and to benefit from fresh produce.

We have enhanced the environment so that staff, visitors and patients can benefit from a greater variety of areas to relax and take a break.

2.3.6 Pay and Rewards

Job Evaluation

There are an increasing number of new posts coming through for job evaluation. The target for processing these is two weeks. In most 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 side in Autumn of 2015.

Changes to Agenda for Change National Terms and Conditions

New arrangements for staff employed on Agenda for Change terms and conditions came into effect on 31st March 2013. Following discussion and agreement with staff side the trusts pay progression policy came into effect in October 2014.

Industrial Action

There were two occasions of industrial action on 13th October 2014 and 24th November 2014. A third planned strike on 29th January 2015 was called off. This action was taken by trade unions in response to proposed pay awards.

2.3.7 Workforce Governance Priorities for 2015/16

- 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;
- 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;
- Continue work to improve staff health and wellbeing;
- 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 is the first port of call for all staff and managers across the Trust for the provision of 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. A Strategic Sickness Group, chaired by the Director of Human Resources, has been established to examine and develop strategies for further improvement.

Between 1st April 2014 and 31st March 2015, the team processed approximately 8547 emails and 5457 calls. The top 5 queries by email and telephone were related to sickness absence, annual leave, retirement, honorary contracts, and confirmation of employment requests.

The team is also responsible for a number of administrative functions. These include monitoring professional registration and right to work checks which are undertaken on a monthly basis.

This year, there has been an increase of 21% more new substantive and bank starter forms for Payroll with an average of 194 forms being processed per month. The team also ensure honorary contracts are in place for non-employees, who wish to 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 52 honorary contract applications per month. This is an increase of 3% more contracts being processed each month.

The team provide absence information to managers on a monthly basis for those staff who have reached trigger points, 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 66 new sickness cases were referred each month.

2.4.2 Employee Services

Sickness Absence

The Trust's sickness absence rate for 2014/2015 was 3.63%, which is a slight increase from 2013/2014 when it was 3.48%. 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 joint best performing acute trust in the West Midlands. See Appendix 4 for further details.

The absence rate for Additional Clinical Services staff remains high but has reduced from 6.5% in 2013/14 to 6.1% in 2014/15. Qualified nursing staff sickness in the same period has slightly increased from 3.72% in 2013/14 to 3.94% in 2014/15.

Since April 2014, the Employee Services team has had an increase of 26.55% cases being managed under the Trusts Sickness Absence and Attendance procedure. In the year 2014/15, a total of 977 are actively being managed in comparison to 772 cases in 2013/14. Out of 977 current cases,

of these 106 are long term sickness cases and 871 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	817	54

There were a total of 132 formal cases in 2014/15. This represents an increase from 101 formal cases in 2013/14. Of the 132 cases, 111 were disciplinary cases, 13 grievance cases and 8 harassment cases. 19 of the cases involved medical and dental staff (MHPS cases - Maintaining High Professional Standards in the Modern NHS).

The outcomes of these cases are detailed in Appendix 5. The average length of cases from commencement to closure in weeks for cases reduced from the previous financial year and was:

2014/15		2013/2014	
Case Type	Number of cases	Average length of case (weeks)	Number of cases
Disciplinary	111	12.36	62
Harassment	8	14.07	17
Grievance	13	6.77	12
Total	132	11.07	91

Maintaining High Professional Standards

2014/2015		
Case Type	Number of cases	Average length of case (weeks)
Disciplinary	15	21.32
Harassment	3	14.43
Grievance	1	4
Total	19	19.32

Poor Performance Cases

In April 2014 there were 17 formal poor performance cases. This has now decreased to 14 cases.

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 2014/15 for line managers.

During the financial year Human Resources staff trained 378 managers in one or more of these areas.

2.4.3 Recruitment

In the period from 1st April 2014 and 31st March 2015, the Trust recruited to 951 vacancies (1606 new starters), with activity broken down as follows:

- Nursing: 246 vacancies (750 new nurse starters);
- Others (general): 552 vacancies (710 new starters) (this includes all other staff groups not covered by medical and nursing);
- Medical: 51 vacancies (48 new starters) (this excludes Junior Specialist Doctors and Deanery rotational posts);
- Junior Speciality Doctors (JSDs): 102 vacancies (98 new starters)

2.4.4 Me@QEHB

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

This year's work has focused on the delivery of the first phase of the Master Staff Index, this is due for release in July 2015. The first phase involves managers and staff being able to update the hierarchy when there are changes to their direct line manager. The Team have also worked on methodologies to ensure that all members of the workforce, paid or unpaid, are registered on the Master Staff Index prior to being given access to patients, staff, data, secure areas or property.

2.4.5 HR Operations Priorities for 2015/16

Supporting workforce availability and productivity

a) Sickness Absence Management

- Undertake a deep dive of stress/anxiety data in order to be able to predict the staff groups/departments/personal characteristics who are likely to suffer from episodes of stress/anxiety. An action plan to target those predictions will be developed and implemented;
- 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;

- Continue to provide information to managers relating to staff sickness absence with a view to actively managing sickness absence to support the reduction of sickness rates.
- b) Case work and advisory services
- Analyse current methodologies of managing case work with a view to reducing the time required to investigate and conclude cases via fast track meetings;
 - Review the current case work tracking report in order to streamline reporting functionality.
- c) 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.

Innovation and support via technology

- Review the documentation and information on Ask-HR module of Me@QEHB in order to update and improve support and advice available to managers;
- Continue to develop the Master Staff Index to improve the accuracy of the employee hierarchy;
- Continue the development of the Electronic Staff File (ESF) system.

Recruitment and Retention

- Work with the Service Improvement Team to eliminate system workarounds and reduce non-value added processes within the recruitment/pre-employment checking process with an aim of reducing the 'time to hire' to an average 12 weeks by March 2016;
- Undertake a further pilot of NHS Jobs 2 to understand if the functionality has been sufficiently developed to support the Trust's recruitment activities;
- 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 to maximise recruitment opportunities;
- Support new international nursing starters with pastoral care and ensure that their integration into the workforce is as seamless as possible;
- 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.

Workforce information and administration governance systems

- Support the Master Staff Index Project to improve data quality and reporting structures in the Electronic Staff Record;
- Work with the Informatics team to develop the workforce dashboard further to support the timely management of the workforce;
- Work with the Information Governance Team to ensure that the levels of access to workforce data are appropriate.

2.5 Medical Workforce

During 2014/15, there were major recruitment and workforce challenges for medical and dental staff, both at junior and senior doctor levels. During 2014 there were 107 failed recruitment episodes at JSD level and 16 failed recruitment episodes in 2014/15 for consultants. The national supply of doctors in most specialities is below actual levels need for Trusts and not generally recognised by the Department of Health.

Work on internal rotations for the JSD programme was undertaken with key rotational and training systems put in place for 2015/16.

The UHB Locum Register successfully demonstrated it could make considerable budget savings for Divisions for short term medical and dental staff and the funding to continue the project was formally agreed.

Through the efforts of UHB, Health Education West Midlands (HEWM) have agreed they have no role in the approval and monitoring of junior doctor rotas and agreed with UHB that Trusts should have control of their own processes. UHB has drafted alternative contractual provisions for appeals and most Trusts around the region have agreed they will follow the UHB model.

New procedures and protocols have been agreed for: Job Planning; Consultant Recruitment; Sabbatical/Career Breaks; Study and Professional Leave; and fee paying work with external parties notably West Midlands Police.

National negotiations for a new contract for training grade doctors and an amended contract for Consultants broke down in October 2014 leaving some considerable frustration at the lack of flexibility to implement national policies/requirements. Both contracts need considerable change if the NHS is to deliver the national agenda.

Medical Resourcing Priorities for 2015/16

- Review and refresh Medical Workforce Strategy to introduce Specialist Clinical Fellow grade;
- Review Medical recruitment processes;
- Identify potential risk areas for medical workforce supply;
- Explore greater international recruitment.

3 Conclusion

The continued expansion of clinical services has led to another increase in our permanent workforce. The workforce has grown by a further 2.5% from 8603 in 2014, to 8820 in 2015.

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 2015**1. Ethnic Origin**

Ethnicity	Number	(%)
British	5568	63.13%
Irish	155	1.76%
Any other White background	501	5.68%
White & Black Caribbean	77	0.87%
White & Black African	16	0.18%
White & Asian	38	0.43%
Any other mixed background	69	0.78%
Indian	581	6.59%
Pakistani	219	2.48%
Bangladeshi	46	0.52%
Any other Asian background	376	4.26%
Caribbean	274	3.11%
African	222	2.52%
Any other Black background	172	1.95%
Chinese	71	0.81%
Any other ethnic group	308	3.49%
Not Specified	127	1.44%
Total	8820	100 %

2. Disability

Disability	Number	(%)
No	5851	66.34%
Not Declared	2801	31.76%
Undefined	5	0.03%
Yes	164	1.87%
Grand Total	8820	100

3. 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	8820	100 %
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5. Gender

Gender	Number	(%)
Female	6346	71.95%
Male	2474	28.05%
Grand Total	8820	100%

6. Sexual Orientation

Sexual Orientation	Number	(%)
Bisexual	41	0.46%
Gay	58	0.56%
Heterosexual	5523	62.63%
I do not wish to disclose my sexual orientation	3170	35.94%
Lesbian	28	0.32%
Grand Total	8820	100 %

7. Religious Belief

Religious Belief	Number	(%)
Atheism	606	6.87%
Buddhism	42	0.48 %
Christianity	3555	40.31%
Hinduism	235	2.66%
I do not wish to disclose my religion/belief	3364	38.14%
Islam	401	4.55%
Jainism	2	0.02%
Judaism	9	0.1%
Other	421	4.77%
Sikhism	184	2.09%
Undefined	1	0.01%
Grand Total	8820	100 %

8. Turnover 2014/15

Staff Group	Av HC	Leavers	Turnover %
Additional Professional Scientific and Technical	336	32	9.52 %
Additional Clinical Services	1314	96	7.31 %
Administrative and Clerical	1731	212	12.25 %
Allied Health Professionals	483	56	11.59 %
Estates and Ancillary	822	54	6.57 %
Healthcare Scientists	377	37	9.81 %
Medical and Dental	481	40	8.32 %
Nursing and Midwifery Registered	2487	119	4.78 %
Total	8031	646	8.04 %

NOTE: Calculated by excluding Doctors in Training, JSDs and Bank Staff

Ethnicity of Leavers	Number
White - British	421
White - Irish	11
Mixed - White & Black Caribbean	9
Mixed - White & Black African	2
Mixed - White & Asian	7
Mixed - Any other mixed background	5
Asian or Asian British - Indian	44
Asian or Asian British - Pakistani	19

Asian or Asian British - Bangladeshi	4
Asian or Asian British - Any other Asian background	23
Black or Black British - Caribbean	14
Black or Black British - African	16
Black or Black British - Any other Black background	19
Chinese	2
Any Other Ethnic Group Count	4
Other Specified	1
Not stated	13
Total	646

Gender of Leavers	Number
Female	458
Male	188
Total	646

Disability of Leavers	Number
Yes	21
No	458
Not Declared	167
Total	646

APPENDIX 3

BREAKDOWN OF STAFF SURVEY 2014 RESULTS

The following tables show a summary of the scores and our performance when benchmarked against other acute Trusts. Also shown is whether scores are positive  (e.g. where the Trust is in the best 20% of trusts or where the score has improved since 2013), negative  (e.g. where the trust's score is in the worst 20% of trusts or where the score is not as good as 2013). An equals sign (=) indicates that there has been no change. The Department of Health determines this status.

Highest (Best) 20%	2014 Score	2013 Score	+/-	National Average
% feeling satisfied with the quality of work and patient care they are able to deliver	82%	85%		77%
Work pressure felt by staff (lower score better)	2.91	2.86		3.07
% having well-structured appraisals in the last 12 months	44%	44%	=	38%
% agreeing that they would feel secure raising concerns about unsafe clinical practice	80%	N/A		67%
% experiencing physical violence from patients/ relatives/public in the last 12 months (lower score better)	11%	16%	=	14%
% experiencing harassment, bullying or abuse from patients/relatives/public in the last 12 months (lower score better)	23%	28%		29%
% feeling pressure in last 3 months to attend work when feeling unwell (lower score better)	19%	25%	=	26%
% reporting good communication between senior management and staff	36%	35%	=	30%
Staff recommendation of the trust as a place to work or receive treatment	3.95	4.04	=	3.67

Above average/ Below average (better than)	2014 Score	2013 Score	+/-	National Average
% receiving job relevant training, learning or development in the last 12 months	82%	87%	=	81%
% suffering work-related stress in the last 12 months (lower score better)	35%	30%	=	37%
% witnessing potentially harmful errors, near misses or incidents in the last month (lower score better)	31%	32%	=	34%
% experiencing harassment, bullying or abuse from staff in the last 12 months	23%	24%	=	23%

(lower score better)				
% of staff able to contribute towards improvements at work	70%	73%	=	68%
Staff job satisfaction	3.66	3.74	=	3.60
Staff motivation at work	3.91	3.97	=	3.86
% of staff having equality and diversity training in the last 12 months	67%	62%	=	63%
% agreeing feedback from patients/service users is used to make informed decisions in their directorate/department	61%	N/A		56%

Average	2014 Score	2013 Score	+/-	National Average
% agreeing that their role makes a difference to patients	90%	94%	=	77%
Effective team working	3.74	3.79	=	3.74
Support from immediate managers	3.67	3.73	=	3.65
Fairness and effectiveness of incident reporting procedures	3.54	3.59	=	3.54
% experiencing physical violence from staff in the last 12 months (lower score better)	2%	4%	=	3%
% of staff believing the Trust provides equal opportunities for career progression or promotion	87%	92%		88%
% experiencing discrimination at work in the last 12 months (lower score better)	12%	10%	=	11%

Below average/ Above average (worse than)	2014 Score	2013 Score	+/-	National Average
% working extra hours	72%	71%	=	71%
% appraised in the last 12 months	84%	86%	=	85%
% receiving health & safety training in last 12 months	73%	73%	=	77%

Highest/Lowest (Worst) 20%	2014 Score	2013 Score	+/-	National Average
% reporting errors, near misses or incidents in the last month	83%	86%	=	90%

Findings from the Staff Survey 2014

Response Rates

The overall response rate was 56% which was a 4% decrease from 2013. There were significant variances in the response rates by division and staff group. The divisional response rates were as follows:

- Corporate – 71.5%
- Division A - 51.3%
- Division B – 60.5%
- Division C – 40.2%
- Division D – 49.2%

The breakdown of responses by staff group is shown below:

- Additional Professional, Scientific and Technical – 53%
- Additional Clinical Services – 49%
- Administrative and Clerical – 71%
- Allied Health Professionals – 56%
- Estates and Ancillary – 69%
- Healthcare Scientists – 61%
- Medical and Dental – 48%
- Nursing and Midwifery Registered – 46%

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% take responsibility for meeting the Trust's visions and values;
- 93% of staff believe they are responsible for delivering the best in care either directly to patients or through the work they do;
- 95% of staff understands how their role contributes to patient care;
- 91% of staff take responsibility for meeting the trust's visions and values;
- 23% of staff felt that in the last 12 months the Trust has cared more about their health and wellbeing;
- 67% 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	21 (13+8)	0	53%
Sheffield Teaching Hospitals NHS Foundation Trust	19 (13+6)	4	42%
Central Manchester University Hospitals NHS Foundation Trust	19 (11+8)	1	44%
Guy's And St Thomas' NHS Foundation Trust	19 (10+9)	6	35%
University Hospitals Birmingham NHS Foundation Trust	18 (9+9)	1	56%
Oxford University Hospitals NHS Trust	17 (7+10)	4	31%
Imperial College Healthcare NHS Trust	16 (7+9)	4	41%
University College London Hospitals NHS Foundation Trust	14 (10+4)	7	40%
King's College Hospital NHS Foundation Trust	13 (7+6)	10	30%
Cambridge University Hospitals NHS Foundation Trust	6 (3+3)	10	25%

LOCAL TRUSTS

	Number of combined highest scores	Worst 20%	% Response rates
The Dudley Group Of Hospitals NHS Foundation Trust	26 (17+9)	0	42%
University Hospitals Birmingham NHS Foundation Trust	18 (9+9)	1	56%
University Hospitals Coventry And Warwickshire NHS Trust	14 (7+7)	6	37%
Sandwell And West Birmingham Hospitals NHS Trust	13 (5+8)	4	23%
Burton Hospitals NHS Foundation Trust	12 (4+8)	0	48%
The Royal Wolverhampton Hospitals NHS Trust	11 (4+7)	5	34%
University Hospital Of North Staffordshire NHS Trust	9 (5+4)	7	47%
Worcestershire Acute Hospitals NHS Trust	5 (1+4)	4	38%
Walsall Healthcare NHS Trust	5 (3+2)	12	43%
Heart Of England NHS Foundation Trust	3 (1+2)	11	39%
Shrewsbury And Telford Hospital NHS Trust	2 (0+2)	11	46%

Sickness Comparator Data**Acute Sickness Comparator (Rolling)**

Organisation (Acute West Midlands)	Sick Rate Jan 14 (rolling)
Dudley Group NHS Foundation Trust	3.8%
University Hospitals Birmingham NHS Foundation Trust	3.8%
University Hospitals Coventry and Warwickshire NHS Trust	3.9%
University Hospital of North Staffordshire NHS Trust	3.9%
Burton Hospitals NHS Foundation Trust	4.0%
Royal Wolverhampton NHS Trust	4.1%
Worcestershire Acute Hospitals NHS Trust	4.1%
George Eliot Hospital NHS Trust	4.1%
South Warwickshire NHS Foundation Trust	4.1%
Shrewsbury and Telford Hospital NHS Trust	4.3%
Wye Valley NHS Trust	4.3%
Heart of England NHS Foundation Trust	4.6%
Sandwell and West Birmingham Hospitals NHS Trust	4.7%

APPENDIX 5

Casework Outcomes for Cases closed April 2014/2015

Disciplinary		2013/14	2014/15
Outcome of Disciplinary Process			
Dismissal	15	22	
Final Written Warning	6	16	
First Written Warning	16	41	
Verbal Warning	1	8	
Pre-disciplinary Counselling	13	4	
No Case to Answer	5	14	
Resignation	6	6	
TOTAL	62	111	

Harassment		2013/14	2014/15
Outcome of Harassment & Bullying Process			
Formal Disciplinary Warning	3	1	
Not Upheld	12	7	
Pre-disciplinary Counselling	0	0	
Resignation	0	0	
Ongoing	2	0	
TOTAL	17	8	

Grievance		2013/14	2014/15
Outcome of Grievance Process			
Upheld	2	1	
Not Upheld	6	3	
Withdrawn/ Resolved Informally	2	9	
Partly Upheld	2	0	
TOTAL	12	13	

MHPS		2014/15
Outcome of Disciplinary Process		
1 st written warning		1
Final written warning		4
No case to answer		2
Dismissal		2
Pre-disciplinary Counselling		5
Resignation		1
TOTAL		15

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