AGENDA ITEM NO :

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 5 JULY 2012

Title:	**Annual Workforce Report**
Responsible Director:	Tim Jones, Executive Director of Delivery
Contact:	Mike Jones, Director of Human Resources Ext: 53610

Purpose:	To provide the Board of Directors with an update of the key issues, activity and progress made in the development of the Workforce during 2011/12
Confidentiality Level and Reason	N/A
Annual Plan ref:	To create a fit for purpose workforce for today and tomorrow
Key Issues Summary	Provides an update for the Board of Directors against the 3 main themes of the Workforce strategy: • Workforce Transformation • Workforce Governance • Workforce Operations
Recommendations	The Board of Directors is asked to: • Accept the 2011/12 Workforce Report • Approve the publication of the Annual Workforce Report
Signed:	**Date:**

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 5 JULY 2012

ANNUAL WORKFORCE REPORT

PRESENTED BY THE EXECUTIVE DIRECTOR OF DELIVERY

1. **Purpose**

The Annual Workforce Report provides the Board of Directors with a review of the progress made during 2011/12 in improving the workforce of UHBFT. The report also includes workforce statistics that meet the Trust's statutory responsibilities under the Equality Act 2010.

2. **Report Summary**

The report outlines the 3 key themes underpinning UHBFT workforce strategy, progress made in delivering against the themes and the priorities for 2012/13. The three themes are workforce transformation, workforce governance, and workforce operations.

2.1 Workforce Transformation – There have been more than 50 workforce transformation projects undertaken in the last year with the main focus being to support the remaining departmental moves into the new hospital. In order to deliver the flexible and effective workforce required by the modern NHS, new ways of working and innovative workforce strategies have been successfully implemented. Workforce Transformation has also supported the integration of Sexual Health Services to the Trust and the development of the Major Trauma Centre.

2.2 Workforce Governance – Work has continued to develop and implement a robust and effective governance and assurance system for workforce management e.g. up-to-date policies and procedures, audits to ensure compliance with legal requirements/policies. Significant progress has been made in collaborating and engaging with 3rd sector organisations which supports the Trust's Equality and Diversity strategy and the Equality Delivery System. Several health and wellbeing initiatives have been implemented to support staff health and wellbeing and staff engagement.

2.3 Workforce Operations – The main focus of the workforce operations theme was to streamline all workforce processes to minimise any delays in transactional times such as reducing the average recruitment time, reducing processing time for sickness and disciplinary investigations and facilitating managers to

resolve workforce issues at source. Where it has been possible, automated solutions have been adopted in an attempt to further reduce transactional processing times. Progress is monitored via an agreed suite of key performance indicators to ensure improvements are maintained. The first phase of the staff portal "Me@QEHB" was launched in 2011 giving staff access to personal information such as annual leave entitlements, electronic payslips and address details. Staff can also book mandatory training sessions via the portal.

3. **Conclusion**

The Workforce Report detailed above covers a unique period in the history of UHBFT. With most of the moves into the new hospital successfully completed, the focus moved to improving ways of working to support the Trust's vision of 'delivering the best in care'. However, alongside this the remaining moves had to be executed with the same degree of planning, commitment and professionalism.
The successful move into the new hospital was achieved at the same time as improving efficiency of other workforce priorities. Critical workforce policies have been reviewed and improved, an innovative health and wellbeing strategy has been launched, the first phase of me@QEHB has gone live, and continued improvements have been made against the main workforce performance indicators.

4. **Recommendations**

The Board of Directors is asked to:

4.1 Accept the 2011-12 Workforce Report
4.2 Approve the publication of the Annual Workforce Report

Tim Jones
Executive Director of Delivery

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

ANNUAL WORKFORCE REPORT 2011/12

Introduction:

The Annual workforce report detailed below outlines the main workforce issues faced by University Hospital Birmingham NHS Foundation Trust during 2011/12 and how it has responded to these challenges. The report also includes workforce statistical information for the year ending March 2012.

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

a) Ensure that the Trust has high quality deliverable workforce plans for the new hospital;
b) Ensure that the Trust is compliant with equality and diversity requirements;
c) Ensure an effective governance and assurance system is in place for workforce management;
d) Develop health and wellbeing initiatives for staff;
e) Develop automation processes for workforce management through the me@QEHB project.

In order to deliver the workforce plan three main themes were identified:

1. Workforce Transformation – the immediate Trust priority in 2011/12 was to continue to support the significant organisational change associated with the remaining departmental moves into the new hospital. The challenges of the current and future NHS also require new ways of working and innovative workforce strategies to create a flexible workforce.

2. Workforce Governance – 2011/12 saw the continued development of a robust workforce governance system to ensure the Trust is compliant with legislative requirements and best practice. The introduction of the Equality Act in 2010 has resulted in specific requirements for public sector organisations and significant progress has been made around this. Health and wellbeing initiatives have been introduced to improve the health of staff and their engagement.

3. 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.

Progress against the delivery of these three themes and the priorities for 2012/13 are detailed below.

Workforce Transformation

The Transformation Team have been involved in over 50 planned workforce transformation projects over the last 12 months. 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 with all staff groups. Multi-disciplinary and staff groups 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 at attended by Senior Nurses and a Workforce Transformation representative.

Clinicians and senior managers have been heavily engaged in the change programmes. The learning experiences gained from the move, have been implemented into current management development programmes including the aspiring group managers programmes.

The Workforce Transformation team contribution to the Quality, Innovation, Productivity and Prevention (QIPP)/large scale change programmes has been achieved through the successful, completion of the transfer of all services to the new hospital. Prior to the move, all services reviewed their workforce plans and methods of service delivery in line with the requirements of the new hospital.

Now that many services have had time to embed into the new hospital, all service areas are being systematically reviewed. This includes a rigorous examination of the workforce which considers staff numbers, skill mix and job banding.

Workforce issues relating to Key Performance Indicators (KPIs) and any changes required are flagged for action at monthly workforce transformation meetings to the Director of HR. These are escalated, where appropriate, to the relevant Directorate senior managers for action.

The Trust's organisational change procedure clearly identifies the procedure for communicating workforce and service change. This robust procedure has been developed by and is implemented fully in partnership of management and staff side. Workforce plans and service changes are routinely shared with staff side and follow a robust organisation change process.

Workforce Planning

The Trust prepares an annual workforce plan which identifies the supply and demand profiles for all staff. The information is presented by specific staff groups. The workforce plan identifies and describes the workforce implications of implementing the PCT's Cluster System Plan /Long Term Sustainability Model (LTSM) and identifies the commissioned activity requirements for the Trust.

The workforce plan is submitted to the PCT Cluster and SHA as part of the WM region assurance requirements. The workforce plan provides detail on the overall impact on workforce demand of delivering commissioned services and provides detail on workforce capacity to deliver commissioned services.

The workforce plans are 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. The final workforce plan is signed off at Executive level before submission the PCT Cluster. The workforce plan is submitted electronically to the PCT Cluster/SHA via the West Midlands Workforce Modelling Tool.

The Trust is confident and fully assured that it has the workforce in place and robust workforce planning processes to deliver safe quality care to our patients.

Medical Workforce

The Medical Workforce Strategy (MWS) outlined to the Board in 2007/8 has continued to progress primarily through the Junior Specialist Doctor (JSD) programme. JSD numbers have reached 115 with further expansion plans being considered. The MWS continues to attract significant national interest with a number of Trusts contacting UHB for briefings and information on the programme.

In addition, UHB has had a major input to the national workforce planning discussions and reviews on the future direction of the medical workforce. Discussions have also been opened with various countries to explore an International Doctors Programme designed to bring overseas doctors to the UK to assist with service requirements and vacancies in return for a training agreement.

The Trust, gaining Major Trauma Centre Status in March 2011 has had an impact upon medical staffing levels and operational requirements. A significant increase in Consultant staff specifically in A&E has been approved and the Trust is currently recruiting to the A&E posts.

Other changes include an increase in Anaesthetic Consultant staff to reduce the amount of premium paid additional sessions and steady progress is being made in respect of Consultant appointments in this area.

A review of the junior medical workforce was undertaken in the last 12 months under the auspices of the Junior Doctor Workforce Board. Ongoing work on rostering and single site savings needs detailed input from operational staff and divisional managers and has also been impacted upon by new and transforming operational requirements.

The UK Border Agency has introduced further restrictions to Tier 2: General restricted and Tier 5: Medical Training Initiative immigration. The restrictions on immigrant workers are causing a significant issue for the Trust in both substantive and locum provision of medical care.

The centralisation of the Divisional Medical Staffing co-ordinators is assisting in co-ordinating and identifying internal cover rather than reliance on agency staff.

Non- medical Workforce

The Workforce Transformation team have been heavily involved in a large number of Organisational Change projects covering a wide range of complex and diverse areas; changes to service delivery and staff terms and conditions of service, implementation of new and extended roles, and the transfer of staff into and out of the Trust, within the auspices of the Transfer of Undertakings (Protection of Employment) Regulations.

Specific projects across the following staff groups include:

Nursing

A number of organisational change projects have been undertaken within Nursing since the move to the new hospital. These have included harmonisation of shift patterns in ward areas to ensure a more efficient use of staffing. One of these projects included the reconfiguration of shifts in Dialysis to enable all stations to be open for daytime dialysis which is safer for patients and has led to a reduction of surplus staffing from the overlapping of shifts and the harmonisation of shift patterns on Ward 304.

A review of the usage of the Discharge Lounge found that due to improved discharge processes within the hospital there was significant under utilisation of the unit and it was no longer cost effective. Therefore, the decision was made for it to close. The consultation process was followed for the employees who worked there and alternative employment has been identified.

Heart of Birmingham Teaching PCT (HOB t PCT) Sexual Health Services comprising Reproductive Sexual Health [RSH] and Genito-Urinary Medicine (GUM) transferred from HOBtPCT to University Hospitals Birmingham NHS Foundation Trust on the 1st April 2011. Robust Human Resources processes were undertaken to achieve full compliance with due diligence and to ensure the smooth transfer of services. Staff transferring comprised 182 headcount (162.37 whole time equivalent) plus an associated service income of £8.8million.

During 2011/12 the sexual health service generated workforce savings of £147,000, as budgets were realigned to reflect the actual costs of the service rather than the expected costs that had been modelled in the Transforming Community Services contract.

A review has also been undertaken of corporate posts in sexual health services which have subsequently been assigned to the appropriate corporate teams within UHBFT.

The centralisation of outpatient services and the move to the new hospital provided a unique opportunity to standardise the approach to service delivery and improve the patient flow and patient experience. A workforce recruitment and training plan were developed to ensure the appropriate numbers of trained staff were available to deliver an efficient and high quality service. The workforce plan took into consideration the geography and layout, new ways of working including multi speciality skills and new technology and systems. A saving of £46,000 was achieved and managed through the skill mix review and staff turnover. (The full year savings will achieve a total of £93,000 per annum.)

Nursing Auxiliary Band 2 and 3 job descriptions and person specifications have been reviewed across the Trust to ensure that they are appropriate to the needs of the new hospital.

The Band 2 Nursing Auxiliary development programme has been modified to acknowledge the requirements of the new hospital generic workforce plan for Nursing.

Major Trauma Centre

During 2012 the Queen Elizabeth Hospital Birmingham was designated as a Major trauma centre to treat the most badly injured patients from across the West Midlands. Human Resources were part of the operational group supporting the service and workforce elements to ensure the centre was able to go live on Monday 26th March 2012. The most important workforce element of this development was to ensure that the Trust had staff that were appropriately skilled and in sufficient numbers to deliver the quantity and quality of care. A number of posts were identified as being required to address the gaps in the relevant services in order to meet designation criteria for the Major Trauma Centre and recruitment was on a phased basis.

24/7 Project

The key principles associated with clinical management of patients across the 24/7 period are that care should be:

- Patient centred;
- Delivered by staff with the competencies to manage acutely ill patients;
- Not dictated by time or location within the Trust.

This project included key changes to service delivery:-

- Site Managers have been recruited to manage patient pathways and patients needing admission to the hospital;
- The Critical Care Outreach team has been extended from a Monday to Friday 8.00 a.m. to 4.00 p.m. team to one working 7 days per week from 7.30 a.m. to 8.00 p.m. They have merged to become the Urgent Care and Acute Pain Team;
- The Night Sisters have joined the Urgent Care and Acute Pain Team. They provide both enhanced support to patients and staff at night as well as undertaking the Site Manager role. The roles of Bed Managers have been removed.

Clinical Support

Clinical support 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 requirement of service delivery changes. These areas included:

- Pharmacy;
- Breast Screening;
- Therapies Department;
- Operating Theatres;
- Ambulatory Care.

Non Clinical Support

Admin and Clerical

The Learning and Development department was amalgamated from three different departments into one central team, providing training and development opportunities across a range of staff groups and specialities. This was achieved within the existing budgets with some savings being achieved from Training Administration and Learning and Development of £10,000.

The Operational Finance department was restructured to meet the needs of the organisation and the change in respect of the Divisional structure. It also introduced a more robust career structure within the Department. The savings achieved were £54,000.

Following the centralisation of out-patient clinics into the new hospital, the introduction of self service registration and roll out of the Electronic Patient Records (EPR) within out-patients has provided an opportunity for a review of the Medical Records Department resulting in a reduction in staffing levels achieved by the management of fixed term contracts. Savings of £378,000 were achieved, some of which will be used to support changes in work practices and the Electronic Patient Record (EPR) project.

Ancillary Staff

Work has continued in order to redeploy staff at risk following the implementation of the Catering restructuring. By redeploying staff into other areas the Trust has avoided expenditure on redundancy payments.

The porters and pharmacy staff identified as those dealing specifically in Logistics related work have been transferred to the Logistics team. This new "One Stop Shop" concept has enabled those porters purely dealing with patients, to focus on patient movement, leaving Logistics to deal with movement of materials and waste from Warehouse and Suppliers, through to the wards and departments.

Redundancies

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

Workforce Transformation Priorities for 2012/13

The priorities for the Workforce Transformation team include:

- Transfer of Vascular Inpatient Activity from Sandwell and West Birmingham NHS Trust to UHB onto ward 305 and all associated workforce issues;
- Continued change management and improvement processes on wards following move to new hospital;
- Reviewing workforce plans and implementation of new shifts for Imaging and Theatre Recovery;
- Continuing work around ensuring compliance with the Working Time Regulations particularly around breaks and night workers;
- Review of fixed-term contract process and number of staff currently holding fixed term contracts;
- Support the Medical Records Electronic roll out for inpatients;
- Reduce Library services from 24/7 service to Monday to Friday 8.00am till 8.00pm service with limited emergency cover at the weekends;
- Support the workforce elements of the Booking Centre move to Melchett Road;
- Review of IT Services and Admin and Clerical staff groups;
- Review of regular overtime requirements across a range of staff groups;
- Review of out of hours service in Physiotherapy;
- Support the full integration of RSH and GUM and align the workforce plan;

- Support the workforce elements to embed the new Major Trauma Centre;
- Review of the methods of service delivery, work patterns and workforce skill mix requirements in Laboratory services following the move to the new hospital;
- Review of staffing structures and skill mix requirements of Emergency Department;

Medical Resourcing Priorities for 2012/13

- Ensure appropriate liaison arrangements with the Deanery during the transfer to the Local Education & Training Board;
- Liaise with other trusts to arrange appropriate starting salary and protection arrangements are in place for newly appointed medical staff;
- Work with Divisional links to improve vacancy and recruitment information particularly in the medical training grades.

Workforce Governance

Equality and Diversity

A review of the Diversity statistics at 31st March 2012 show that the proportion of non-white staff members has increased slightly to 26.91% compared to 25.99% last year. The two most useful comparisons available are the Birmingham Census of 2001 which reported that 29.6% 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 2012, 1.91% (145) 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 41.2% chose this option.

The gender breakdown of staff as at 31st March 2012 was 71.79% female and 28.21% male.

In order to fulfil the Trust's responsibilities under the Public Sector Equality Duty, a report was published on the Trust's internet site in January 2012. This report detailed the demographic breakdown of staff by the protected characteristics laid out in the Equality Act 2010. 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.

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. Some of the 3rd sector organisations involved include Sense, Autism West Midlands and Restore.

National Staff Survey

The annual staff survey was conducted by the Department of Health and distributed to a sample of staff between October and December 2011.

The responses were grouped into 38 key finding areas 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.

The overall scores were categorised as follows. These are also compared with our 2009 and 2010 results.

	Top 20%	Above average	Average	Below Average	Worst 20%	Total
2011	8	13	10	5	2	38
2010	22	8	4	4	0	38
2009	14	14	5	5	2	40

A more detailed breakdown of the results and a comparison with other Trusts can be found in Appendix 2**.**

This year's results were not as positive as last year's however the Trust scored in the top 20% or above average in 21 of the 38 areas. An action plan to target weak areas has been developed and will be monitored by the Strategic Delivery Group on a quarterly basis.

2012 Staff Survey Action Plan

This action plan this year focuses on improving the following key areas:

- Percentage of staff reporting that hand washing materials are always available;
- Percentage of staff experiencing discrimination at work in last 12 months;

- Percentage of staff reporting errors, near misses or incidents witnessed in the last month;
- Response rates.

In addition, each Division has its own action plan based around problem areas identified for that Division.

A full report of the survey results and action plan was presented to the Trust Board in May 2012.

Workforce Policies and Procedures

A number of new workforce policies and procedures were developed and implemented during 2011/12, these include:

- Prevention of Harassment & Bullying at Work Policy and Procedure;
- Raising Concerns in the Public Interest (Whistleblowing) Policy and Procedure;
- Disciplinary Procedure;
- Grievance Procedure.

In addition, a number of policies and procedures were revised to ensure compliance with NHSLA requirements. These include:

- Recruitment Policy;
- Employment Checking Procedure;
- Registration of Healthcare Professionals Policy;
- Registration of Medical and Dental Staff Procedure;
- Registration of Qualified Nurses Procedure;
- Registration of Practitioners of the Health Professionals Council (HPC) Procedure;
- Registration of Practitioners Registered with the General Pharmaceutical Council (GPhC) Procedure.

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

Details of the reporting requirements for Human Resources policies and compliance with these are contained in Appendix 3.

Whistleblowing Cases

Any complaints of whistleblowing are reported to the HR Governance team prior to investigation. There were 2 such complaints in the period April 2011 – March 2012.

Health and Wellbeing

In March 2011, a contract was agreed with Eyecare International to provide free eye tests for all staff in work time. The contract ran from June 2011 until January 2012. 1090 staff used the service.

Since December 2011 Weight Watchers have been running on-site sessions for staff. These are held on a weekly basis. 103 staff have signed up so far and between them have lost a total of 58 stones. Research shows that Weight Watchers is more cost effective and has better results than GP led weight loss programmes.

Over the past 12 months a number of focus groups were held for Domestic and Theatres staff. The aim of these sessions was to identify attitudes around sickness absence, reasons for absence and what could be done to improve staff attendance. The HR Governance team then produced a report detailing the findings for the managers in those areas to enable them to devise appropriate action plans.

Significant work has been carried out on the Health and Wellbeing module for the me@QEHB staff portal.

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.

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 2 options of Agenda for Change payments or a unified flat rate of payment. It is expected that this will be completed during summer 2012.

Industrial Action

2011 saw the first significant industrial action by NHS staff in the last 20 years. On 30th November 2011 390 staff went on strike in protest against the Government's proposed changes to public sector pensions. This was followed by strike action by Unite on 10th May 2012 where 8 staff participated, and a day of action by the British Medical Association (BMA) on 21st June 2012. However, careful planning and partnership working with staffside and the LNC ensured that disruption on all days was minimal.

Workforce Governance Priorities for 2012/13

- Continue the roll out of Equality Delivery System which will enable the Trust to fulfil its duties under the Equality Act 2010;
- Establishing reciprocal agreements with 3rd sector groups to share knowledge and expertise, provide training on various equality and diversity topics and develop relationships with local 3rd sector groups covering the various protected characteristics;

- Introduction of a Trust wide diversity questionnaire to improve monitoring data;
- Further development and roll out of Equality and Diversity training Trustwide;
- 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.
- Further development of staff benefits;
- Develop a health and wellbeing strategy;
- Establish the selling of discounted fruit and vegetables to staff;
- Hold further focus groups as part of our strategy to reduce sickness absence;
- The roll out of the Me@QEHB staff wellbeing portal;
- Roll out the introduction of Electronic Staff Files.

Workforce Operations

First Contact Team

The First Contact team provides staff and managers with advice and guidance on policies, procedures and terms and conditions of employment.

Between April 2011 and March 2012, the First Contact team handled approximately 6000 calls and 5676 emails.

The team are responsible for identifying staff who have reached sickness absence triggers and then notifying and advising managers of their responsibilities under the policy. As an indication of the number of staff who trigger, January 2012 saw 318 staff triggering.

The First Contact team are also responsible for processing HR1s to ensure new starters are paid correctly and on time. Currently around 150 HR1s are processed per month.

The team process and create honorary contracts. There are around 45 of these processed per month.

Employee Services

Workforce Metrics and Benchmarking

The Trust uses the Information Centre's i–view reporting system, AUKUH Network and the West Midlands Workforce Productive Metric Dashboard to benchmark workforce KPIs to include: Sickness Absence, Staff Turnover rates. The Trust also belongs to the 'Shelford Group' which undertakes comparative benchmarking of workforce KPIs of Teaching Foundation Trust.

Sickness Absence

The Trust's sickness absence rate for 2011/12 was 3.96% which is a reduction from 2010/11 where the rate was 4.25%. This equates to a saving of approximately £940,000 for the Trust in sickness absence payments and productivity.

The absence rate for Additional Clinical Services staff remains high but has reduced from 8.18% in 2010-2011 to 7.35% in 2011/12. Qualified nursing staff sickness in the same period has reduced from 4.78% to 4.48%.

Since April 2011 the Employee Services team has increased its sickness case load from 201 cases to 514, these are being actively managed under the sickness process. Of these 106 are long term sickness cases and 408 are short term sickness cases.

The table below shows the number of staff being managed for short term sickness absence as at 31st March 2012. 2nd and 3rd Trigger points represent staff who fall under the new sickness policy. Stages 2-4 represent staff who are under the old attendance management policy.

	2nd Trigger (new policy)	3rd Trigger (new policy)	Stage 2 (old policy)	Stage 3 (old policy)	Stage 4 (old policy)
Short Term April 2012	345	2	34	18	9

The breakdown of staff being managed for long term sickness absence is shown below. The stages for long term sickness absence are the same under both the old and new policies.

	Stage 1	Stage 2	Stage 3
Long Term April 2012	85	21	0

Casework (Disciplinary, Grievance & Harassment Cases)

There were a total of 120 formal cases in 2011/12. This is an increase from the previous financial year where there were 111 formal cases. Of the 120 cases 86 were disciplinary cases, 19 were grievance cases and 15 were harassment cases.

The outcomes of these cases are detailed in Appendix 4. The average length of cases from commencement to closure in weeks was:-

Case Type	2010/2011		2011/2012	
	Number of cases	Average length of case	Number of cases	Average length of case
Disciplinary	88	16 weeks	86	11 weeks
Harassment	11	17 weeks	15	14 weeks
Grievance	12	15 weeks	19	7 weeks
Total	**111**	16 weeks (average)	**120**	10.6 weeks (average)

The team commenced the utilisation of digitally recording all meetings in 2011 and between April 2011 and March 2012 a total of 159 hours and 48 minutes were transcribed.

Poor Performance Cases

In April 2011 there were 2 formal poor performance cases. This has now risen to 12 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 9 employment Tribunal cases either listed during this financial year or carried forward from last year. Of these, 2 were claims for unfair dismissal, 2 discrimination claims, 3 pay disputes, 2 whistle blowing claims and 2 harassment claims. Of the 2 resolved, 1 withdrew and 1 was successfully defended.

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 2011/12 for line managers. This produced an increase of sickness case referrals. Poor Performance interactive sessions are taking place throughout May, June and July 2012.

During the financial year Human Resources staff trained 287 managers in one or more of these areas.

Recruitment

In the period from 1st April 2011 and 31st March 2012, the Trust recruited to 652 vacancies (928 new starters), with activity broken down as follows:

- Medical: 58 (this excludes JSD and Deanery rotational posts);
- Nursing: 216 vacancies (407 new nurse starters);
- Others (general): 297 vacancies (382 new starters) (this includes all other staff groups not covered by medical and nursing);
- Junior Speciality Doctors (JSDs): 66, International medical staff: 15.

Appendix 5 shows the percentage of applicants from a BME background over the past 12 months, the percentage shortlisted and the percentage appointed.

Me@QEHB

The staff portal, Me@QEHB was successfully launched to all staff in September 2011. Between September 2011 and March 2012 5748 staff accessed the portal. The range of hits on the portal in respect of 24/7 access is shown in Appendix 6.

Staff Group	Number of staff accessing portal	% of staff group workforce
Add Prof Scientific and Technical	261	74%
Additional Clinical Services	550	58%
Administrative and Clerical	1496	92%
Allied Health Professionals	399	88%
Estates and Ancillary	78	11%
Healthcare Scientists	288	77%
Medical and Dental	466	48%
Nursing and Midwifery Registered	1663	77%
Staff Group undefined	547	N/A
Total	**5748**	**75.8%**

Me@QEHB Portal (Front end):
The 'home page' for the Staff Portal allows managers and staff to access their personal information relating to annual leave and sickness via SMART, mandatory training dates and course bookings, electronic pay slips and address details. Links to the other modules are also available from this page.

Recruitment Tracking System (START): This system tracks the recruitment process from end to end enabling managers to be able to view the status of their vacancies and applicants at any time. The system interfaces with NHS Jobs and Finance Tools negating the requirement to access these systems separately for administrating the recruitment and selection process. The system also went live in September 2011 and has received positive feedback. The first set of key performance indicators indicate a small reduction in time to hire from an average of 23 weeks to an average of 17 weeks.

Ask – HR: This is a self-service HR advice module which enables managers and staff to have 24 hour access to HR support through a series of sections which contain frequently asked questions, template letters, forms and checklists. The module has been designed to ensure consistency of HR advice available to managers and is supported by the First Contact HR Advice Team

Appraisal: This system is the first phase of the Learning Management System which will administer all training and appraisal administration processes. This first release will enable an automatic notification system for managers to complete appraisals for their staff. The system will send an e-mail with a link to the system 8 weeks before the appraisal is due and will

prompt managers to arrange the appraisal and send the paperwork to their member of staff. Managers will be prompted to update the system following their face to face meeting and capture the appraisal date. This aims to satisfy NHSLA requirements and support the Trust KPI target which is to deliver a 90% appraisal rate. User Acceptance Testing is currently being completed and is due to go live early in June 2012.

The project planning of Phase 2 of Me@QEHB is currently taking place and a CEAG paper will be submitted in respect of the endorsement and funding requirements. The project team plan for the following modules to be released by April 2013:

Case Work Management System – This will enable the tracking and monitoring of HR case work i.e. disciplinary, grievance, Performance management, sickness and harassment cases.

Learning Management System (LMS) – This will enable statutory, mandatory and non-mandatory administration training processes to be automated with on-line booking and attendance authorisation processed enabled.

Electronic Personal Files – This system will hold staff personal files in a central database allowing only authorised users access. Paper records for staff are becoming unmanageable and this system will support information governance requirements.

Enhancements to START and Appraisal Systems – Both systems have been built by a 3rd party and adaptations and further enhancements are required to support on-going requirements. The enhancements to START will include on-line internal references, links to LMS to commence the on-going training and appraisal needs and links for Equality and Diversity and Recruitment and Selection training.

HR Operations Priorities for 2012/13

Employee Services Team

1. **Supporting workforce availability and productivity**

   a) Sickness Absence Management
      - Continue to support operational management in order to focus attention on the increase of workforce availability and reduction of short term sickness absence
      - Work with Workforce Transformation Team to further reduce sickness absence to 3.6% by March 2013 by actively supporting managers to pro-actively manage absence

   b) Performance Management
      - Undertake interactive performance management awareness for managers and support managers through the formal

processes with the aim of improving productivity across the Trust.

- Work with professional groups to diagnose process issues in respect of poor performance management and review the procedure accordingly. This process is to include where newly qualified staff are unable to meet the requirements under the Preceptorship Scheme.
- Devise processes to ensure that support is given to managers at the earliest stage of poor performance and that data is captured to identify trends and areas where productivity is being assessed

2. Innovation and support via technology

- Work with IT to develop a Case Management System to track case work in order to improve record keeping and reduce case work timescales for disciplinary, grievance and harassment and more efficiently manage the high levels of sickness cases.

- Further development of the documentation and information on Ask-HR module of Me@QEHB in order to improve support and advice available to managers

- Support Occupational Health and line managers with the implementation of the electronic referral and management portal for sickness absence

Non-Medical Recruitment Service

- Full implementation of the new recruitment tracking system (START) in order to improve record keeping audit and reduce recruitment timescales to 12 weeks by March 2013
- Support Occupational Health with the introduction of the on-line Pre-Employment screening module and adapting internal processes as a result of its implementation.
- Support managers following the introduction of KPIs related to START timescales with the intention of reducing the Trust's overall Time to Hire
- Review Recruitment and Selection Training to include the introduction of automation into the Trust processes i.e. START, Occupational Health
- Complete the roll-out of the refresher recruitment and selection training to managers
- Work with Learning and Development to develop an on-line Recruitment and Selection Tool

First Contact Team

- Support the collation of evidence and monitoring requirements for the achievement of NHSLA Level 2 and 3 in respect of post employment checks i.e. Professional Registration and Right to Work
- Work with Employee Services to develop the HR Case Management System module of Me@QEHB
- Work with Informatics Data Quality Team in introducing KPIs to track and monitor performance activity
- 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
- Provide information to managers relating to staff sickness absence with a view to actively managing sickness absence to support the reduction of sickness to 3.6% by March 2013

Staff in post at March 2012

At 31st March 2012, there were 7587 staff in post.

For the year 2011/2012, staff turnover was 8.3%. This is broken down by staff group and demographics in Appendix 2. These figures exclude doctors in training, JSDs and bank staff.

Conclusion

The Workforce Report detailed above covers a unique period in the history of UHBFT. With most of the moves into the new hospital successfully completed, the focus moved to improving ways of working to support the Trust's vision of 'delivering the best in care'. However, alongside this the remaining moves had to be executed with the same degree of planning, commitment and professionalism. In addition, the Trust welcomed the transfer of Sexual Health Services from Heath of Birmingham PCT and the introduction of the Major Trauma Centre.

The successful move into the new hospital was achieved at the same time as improving efficiency of other workforce priorities. Critical workforce policies have been reviewed and improved, an innovative health and wellbeing strategy has been launched, the first phase of me@QEHB has gone live, and continued improvements have been made against the main workforce performance indicators.

The coming year offers many challenges and opportunities for the Trust if it is to have a fit for purpose workforce. Meeting the challenges posed by the health reforms and the delivery of the national/local QIPP programme will require new and innovative approaches to improving the way we work. The progress made in 2011/12 in delivering a fit for purpose workforce places the Trust in a good position to meet these challenges.

Workforce Statistics at 31st March 2012

1. Ethnic Origin

Ethnicity	Number	(%)
A British	4964	65.43%
B Irish	123	1.62%
C Any other White background	354	4.67%
D White & Black Caribbean	55	0.72%
E White & Black African	13	0.17%
F White & Asian	26	0.34%
G Any other mixed background	53	0.7%
H Indian	490	6.46%
J Pakistani	167	2.2%
K Bangladeshi	32	0.42%
L Any other Asian background	326	4.3%
M Caribbean	259	3.41%
N African	200	2.64%
P Any other Black background	126	1.66%
R Chinese	62	0.82%
S Any other ethnic group	233	3.07%
Z Not Specified	104	1.37%
Total	7587	100%

2. Disability

Disability	Number	(%)
No	4313	56.85%
Not Declared	3126	41.2%
Undefined	3	0.04%
Yes	145	1.91 %
Grand Total	**7587**	**100 %**

3. Age

Age Range	Number	(%)
18 - 24	499	6.58%
25 - 29	919	12.11%
30 - 34	1039	13.69%
35 - 39	1049	13.83%
40 - 44	1102	14.52%
45 - 49	1056	13.92%
50 - 54	893	11.77%
55 - 59	635	8.37%
60 - 64	311	4.1%
65 +	84	1.11%
Grand Total	7587	100 %

4. Gender

Gender	Number	(%)
Female	5447	71.79 %
Male	2140	28.21 %
Grand Total	**7587**	**100**

5. Sexual Orientation

Sexual Orientation	Number	(%)
Bisexual	36	0.47%
Gay	46	0.61%
Heterosexual	4383	57.77%
Not disclosed	3099	40.85%
Lesbian	23	0.3%
Grand Total	**7587**	**100**

6. Religious Belief

Religious Belief	Number	(%)
Atheism	421	5.55%
Buddhism	24	0.32%
Christianity	3112	41.02%
Hinduism	196	2.58%
Not disclosed	2992	39.44%
Islam	290	3.82%
Jainism	1	0.01%
Judaism	10	0.13%
Other	386	5.09%
Sikhism	155	2.04%
Total	**7587**	**100**

7. Turnover 2011/12

Staff Group	Leavers	Av HC	Turnover %
Add Prof Scientific and Technical	41	340	12.5%
Additional Clinical Services	91	910	10%
Administrative and Clerical	137	1671	8.2%
Allied Health Professionals	26	448	5.8%
Estates and Ancillary	61	684	8.9%
Healthcare Scientists	25	380	6.6%
Medical and Dental	22	366	6%
Nursing and Midwifery Registered	169	2138	7.9%
Total	**572**	**6937**	**8.3%**
NOTE: Excludes Doctors in Training, JSDs and Bank Staff			

Ethnicity of Leavers	Number
A British	369
B Irish	13
C Any other White background	25
D White & Black Caribbean	6
E White & Black African	0
F White & Asian	3
G Any other mixed background	6
H Indian	23
J Pakistani	11
K Bangladeshi	8
L Any other Asian background	18
M Caribbean	23
N African	22
P Any other Black background	8
R Chinese	3
S Any other ethnic group	20
Z Not Specified	14
Total	**572**

Gender of Leavers	Number
Female	428
Male	144
Total	**572**

Disability	Number
Yes	26
No	351
Not Stated	195
Total	**572**

BREAKDOWN OF STAFF SURVEY 2011 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 2010. The Department of Health determines this status.

Highest (Best) 20%	2011 Score	2010 Score	+/-	National Average
% feeling there are good opportunities to develop their potential at work	49%	51%	⟺	40%
% receiving job relevant training, learning or development in the last 12 months	80%	79%	⟺	78%
% receiving health & safety training in last 12 months	92%	83%	⬆	81%
% experiencing physical violence from patients/ relatives/public in the last 12 months (lower score better)	6%	5%	⟺	8%
% experiencing physical violence from staff in the last 12 months (lower score better)	1%	0%	⟺	1%
Perceptions of effective action from employer towards violence and harassment	3.66	3.73	⟺	3.58
Staff recommendation of the trust as a place to work or receive treatment	3.78	3.81	⟺	3.50
Staff motivation at work	3.88	3.96	⟺	3.82

Above average/ Below average (better than)	2011 Score	2010 Score	+/-	National Average
% feeling satisfied with the quality of work and patient care they are able to deliver	76%	79%	⟺	74%
% agreeing that their role makes a difference to patients	91%	93%	⟺	90%
% feeling valued by their work colleagues	78%	82%	⟺	76%
Quality of job design	3.44	3.56	⬇	3.41
Work pressure felt by staff (lower score better)	3.07	2.96	⟺	3.12
Effective team working	3.74	3.83	⟺	3.72
% having well structured appraisals in the last 12 months	37%	40%	⟺	34%
% suffering work-related stress in the last 12 months (lower score better)	27%	26%	⟺	29%

Above average/ Below average Cont. (better than)	2011 Score	2010 Score	+/-	National Average
Fairness and effectiveness of incident reporting procedures	3.49	3.46	⇔	3.46
% experiencing harassment, bullying or abuse from patients/relatives/public in the last 12 months (lower score better)	13%	11%	⇔	15%
% feeling pressure in last 3 months to attend work when feeling unwell (lower score better)	24%	21%	⇔	26%
% reporting good communication between senior management and staff	28%	30%	⇔	26%
Staff intention to leave jobs (lower score better)	2.47	2.28	⬇	2.59

Average	2011 Score	2010 Score	+/-	National Average
Trust commitment to work life balance	3.40	3.57	⬇	3.36
% appraised with personal development plans in the last 12 months	68%	70%	⇔	68%
Support from immediate managers	3.61	3.82	⬇	3.61
% suffering work-related injury in the last 12 months (lower score better)	16%	15%	⇔	16%
% witnessing potentially harmful errors, near misses or incidents in the last month (lower score better)	35%	35%	⇔	34%
% experiencing harassment , bullying or abuse from staff in the last 12 months (lower score better)	16%	13%	⇔	16%
Impact of health & well-being on ability to perform work or daily activities (lower score is better)	1.56	1.54	⇔	1.56
% of staff able to contribute towards improvements at work	61%	67%	⇔	61%
Job satisfaction	3.49	3.62	⬇	3.47
% of staff believing the Trust provides equal opportunities for career progression or promotion	91%	90%	⇔	90%

Below average/ Above average (worse than)	2011 Score	2010 Score	+/-	National Average
% working extra hours	67%	70%	⟺	65%
% appraised in the last 12 months	79%	80%	⟺	81%
% saying hand washing materials are always available	60%	63%	⟺	66%
% reporting errors, near misses or incidents in the last month	95%	96%	⟺	96%
% of staff having equality and diversity training in the last 12 months	39%	37%	⟺	48%

Highest/Lowest (Worst) 20%	2011 Score	2010 Score	+/-	National Average
% using flexible working options	57%	66%	⬇	61%
% experiencing discrimination at work in the last 12 months (lower score better)	17%	15%	⟺	13%

COMPARISON OF UHB STAFF SURVEY AGAINST OTHER TRUSTS

LOCAL HEALTH ECONOMY	No of top 20% key findings	No of above average key findings	No of average key findings	No of below average key findings	No of bottom 20% key findings
University Hospitals Birmingham NHS Foundation Trust	8	13	10	5	2
Birmingham Children's Hospital NHS Foundation Trust	0	5	15	18	0
Birmingham Women's NHS Foundation Trust	0	4	8	26	0
Burton Hospitals NHS Foundation Trust	3	9	13	13	0
Heart Of England NHS Foundation Trust	3	2	9	13	11
Mid Staffordshire NHS Foundation Trust	3	9	5	6	15
Sandwell And West Birmingham Hospitals NHS Trust	9	14	5	7	3
Shrewsbury And Telford Hospital NHS Trust	0	3	3	9	23
The Dudley Group Of Hospitals NHS Foundation Trust	7	14	8	8	1
The Royal Wolverhampton Hospitals NHS Trust	10	18	3	7	0
University Hospital Of North Staffordshire NHS Trust	1	6	10	15	6
University Hospitals Coventry And Warwickshire NHS Trust	6	12	8	9	3
Walsall Healthcare NHS Trust	5	7	13	11	2
Worcestershire Acute Hospitals NHS Trust	1	7	7	13	10

SHELFORD GROUP TRUSTS	No of top 20% key findings	No of above average key findings	No of average key findings	No of below average key findings	No of bottom 20% key findings
University Hospitals Birmingham NHS Foundation Trust	8	13	10	5	2
Cambridge University Hospitals NHS Foundation Trust	25	4	4	4	1
Central Manchester University Hospitals NHS Foundation Trust	6	3	6	9	14
Guy's And St Thomas' NHS Foundation Trust	22	4	3	2	7
Imperial College Healthcare NHS Trust	5	15	10	1	7
King's College Hospital NHS Foundation Trust	7	10	7	7	7
Oxford University Hospitals NHS Trust	5	7	14	9	3
Sheffield Teaching Hospitals NHS Foundation Trust	4	8	6	8	12
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	8	11	10	7	2
University College London Hospitals NHS Foundation Trust	15	8	4	6	5

POLICY COMPLIANCE MATRIX

Name of Policy	Reporting Requirement	Details
Disciplinary	Breakdown of all formal cases and outcomes	See Appendix 4
Equality and Diversity	Breakdown of diversity statistics	See Appendix 1
Grievance	Breakdown of all formal cases and outcomes	See Appendix 4
Harassment & Bullying	Breakdown of all formal cases and outcomes	See Appendix 4
Exit Procedure	Breakdown of leavers by staff group, diversity characteristics, reason for leaving, where moving to (if information available)	See Appendix 1
Organisational & Workforce Change	Number of redundancies	7 redundancies
Performance Management	All formal cases	Included within main report
Recruitment & Selection	Recruitment diversity report Assurance from external agencies that they complete the full range of employment checks Internal audit by Recruitment Manager to ensure compliance with Employment Checking Procedure	Appendix 5 Requested April/May 2012 Audits completed Jan – March 2012
Professional Registration	Number of staff who failed to maintain registration and name of professional body Assurance from external agencies that professional registration checks have been carried out First Contact internal audit to ensure compliance with Professional Registration procedures – From Jan 12 onwards	NMC – 34 HPC – 2 GMC - 1 Requested April/May 2012 Audits completed Jan – March 2012
Sickness	Analysis of absence issues	Included within main report
Whistleblowing	Number of formal cases	2 cases

Casework Outcomes

Disciplinary		
Outcome of Disciplinary Process	**2010/11**	**2011/12**
Dismissal	18	22
Final Written Warning	13	9
First Written Warning	8	18
Verbal Warning	5	4
Pre-disciplinary Counselling	32	11
No Case to Answer	4	17
Resignation	8	5
TOTAL :	**88**	**87**

Harassment		
Outcome of Harassment & Bullying Process	**2010/11**	**2011/12**
Formal Disciplinary Warning	0	0
Not Upheld	5	9
Pre-disciplinary Counselling	2	3
No Case to Answer	3	0
Resignation	1	3
TOTAL :	**11**	**15**

Grievance		
Outcome of Grievance Process	**2010/11**	**2011/12**
Upheld	4	2
Not Upheld	5	11
Withdrawn	3	4
Partly Upheld	0	2
TOTAL :	**12**	**19**

PERCENTAGE OF JOB APPLICANTS FROM BME BACKGROUND

	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12
% of BME job applicants	52.8%	46.5%	63.5%	43.1%		28.0%	56.7%	47.5%	51.2%	47.7%	46.9%	45.0%
% of BME job applicants shortlisted	44.8%	31.2%	50.8%	34.0%		19.4%	36.7%	33.0%	49.8%	30.9%	39.2%	37.3%
% of BME shortlisted applicants appointed	29.6%	26.2%	60.5%	31.0%		6.7%	30.8%	18.1%	35.0%	29.5%	30.0%	32.0%

Chart to show the hits on the Me@QEHB staff portal by hours of the day