

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 24TH MARCH 2016

Title:	WORKFORCE AND EDUCATION UPDATE REPORT
Responsible Director:	Tim Jones, Executive Director of Delivery
Contact:	Louise Banks, Head of Education Ext. 14244 Mike Jones, Director of Human Resources Ext. 17600

Purpose:	To provide an update on the current performance and activity in relation to education and workforce	
Confidentiality Level & Reason:	Confidential – Staff	
Annual Plan Ref:	Core Purpose 3: To create a fit-for-purpose workforce for today and tomorrow	
Key Issues Summary:	Provides an update for the Board of Directors in respect of the following five key areas: <ul style="list-style-type: none"> • Medical Workforce • Education • Staff Survey • Sickness Absence • Recruitment 	
Recommendations:	The Board of Directors is asked to: <ul style="list-style-type: none"> • Receive this report 	
Approved by:	Tim Jones Executive Director of Delivery	Date: 24/03/2016

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WORKFORCE AND EDUCATION UPDATE REPORT

PRESENTED BY EXECUTIVE DIRECTOR OF DELIVERY

1. Purpose

The Interim Workforce and Education Report aims to provide the Board of Directors with a review of the progress during the period September 2015 – March 2016 in support of ensuring the current and future workforce is fit for purpose.

The report includes a summary of activity and performance against workforce and education metrics, implementation of the junior doctor contract, external quality assurance outcomes, training compliance and outlines the main education and training activity undertaken by University Hospitals Birmingham NHS Foundation Trust during the period of this report. The report also highlights key findings from the Staff Survey 2015 and gives an update on further work to reduce sickness absence.

2. Report Summary

The report covers the following five key areas:

- Medical Workforce
- Education update
- Staff survey results
- Sickness absence
- Recruitment

2.1 Medical Workforce

2.1.1 Doctors in Training Contract 2016

Following the failure of negotiations with the BMA on a new contract for Doctors in Training (DiT), the Secretary of State announced a new contract would be imposed from August 2016.

In order to determine the impact of the proposed new contract a project group has been established and a schedule of work identified. It is anticipated that the project group will not complete an assessment of the new contract until mid-April due to changes that are required to the rota monitoring software and the Trust is awaiting the final terms and conditions of the proposed new contract.

The BMA continue to support their members to take industrial action and 3 sets of 48-hour strike action have been arranged. Sufficient plans are in place to mitigate any risk from the absence of any junior doctors during those periods.

2.1.2 Junior Doctor Review

A review of the Junior Doctor workforce has commenced and will include key work to understand the overall activity undertaken by this workforce, with the aim of revising the current 83 rotas to provide improved junior doctor cover over the 24/7 period and ensure compliance with the new national contract.

2.1.3 National Consultant Contract Negotiations

National negotiations on the new national Consultant Contract are ongoing and outcomes are expected to be announced over the coming months.

2.1.4 HEE WM Quality Assurance visits

The Trust has had 3 visits during the reporting period and all visits resulted in positive reports in terms of progress and the quality of training. A further 3 visits are scheduled during 2016/17.

2.1.5 GMC National Trainee Survey

Each year the UK Foundation Programme Office analyses the GMC survey results and produces a list of the top 10 Trusts for each domain divided by F1 and F2 trainees. This year UHB featured in 4 domains all for Foundation Year Two trainees and which clearly recognises the commitment and quality of Consultants educational and clinical supervision. The 2016 annual GMC trainee survey will be open for the trainees' to complete during March and April with results expected to be published in June.

2.1.6 General Medical Council (GMC) Supervision Accreditation

The deadline set by the GMC for all Consultants who supervise trainees to have either full Educational or full Clinical Supervisor accreditation is 31st July 2016 however the Trust is required provide assurance to HEE WM that this will be achieved by end of May 2016 in order to support the August allocation of trainees. Clinical Service Leads are being provided with regular status reports and individual Supervisors are being contacted to remind them of this requirement and how to achieve the required sign off.

2.1.7 New Doctor's Mess

The Trust has provided a significantly larger and improved Junior Doctor Mess facility situated directly off the main hospital corridor on Level 1 opposite CDU. Medical Education with support from the UHB Charities has been able to fully furnish and equip the room working with the Mess President.

Establishment of this facility has been hugely appreciated by the Mess Committee who report that the room is well used and liked by the doctors and that membership of the mess is increasing weekly.

A detailed Medical Workforce update is included in Appendix 1.

2.2 Education

This section updates the Board on current performance within Education and informs the Board of national policies which may have an impact on the Trust. These include:

2.2.1 Mandatory Training Compliance and Appraisal

Mandatory Training Compliance and Appraisal remains above the threshold for the majority of staff with ongoing initiatives designed to both increase availability and choice across training opportunities as well as limit the disruption and time away from service by with an increased focus on E-Learning supported education.

2.2.2 National Apprenticeship Levy

The National Apprenticeship Levy arising from the 2015 Comprehensive Spending Review will come into effect in April 2017. For the Trust this will amount to circa £1.5 million pounds annually against a total pay bill of circa £300 million. Plans are being developed to maximise apprenticeship opportunities across the Bands 1-4 workforce.

2.2.3 Impact of the Comprehensive Spending Review (CSR) of non-medical undergraduate education

In the 2015 CSR, the government and HEE announced the withdrawal of NHS funding for fees and bursaries across non-medical undergraduate programmes nationally. This will result in a £1.2 billion reduction to HEE funding for these programmes; the impact for the Trust is not yet fully understood and the Trust is working closely with its 2 local university providers critically around workforce supply and management of student placements.

2.2.4 European Social Fund (ESF) Grant Application: Youth Promise Plus

The Board of Directors agreed the Trust outline ESF application and the bid was presented and agreed, at a Cabinet Meeting on 16th February 2016. The Department of Work and Pensions (DWP) have now issued Birmingham City Council (BCC) with a provisional offer and the Trust, in its lead role, will now start the process of establishing clear Service Lead Agreements with the key partners within the Health Consortium.

2.2.5 Associate Nurse National Consultation

The Government are seeking views on the proposals for the

introduction of a new Nursing Associate role to support the Registered Nurse workforce in providing high quality care across health and social care settings.

2.2.6 Clinical Nurse Education

Following the Nurse Education review a new divisional structure for education has been established to further strengthen the approach to the planning and provision of clinical education. Work has begun to operationalise the structures with events planned to develop a Trust wide strategy for nurse education

2.2.7 Leadership

The Trust has developed and delivered a bespoke programme of Leadership development for both Matrons and Group Managers. The programme development included significant diagnostic work to understand the requirements of these pivotal roles and the skills, competencies and behaviours necessary for these front line leaders to be effective particularly in the current climate. The Matron Programme concluded in January 2016 and has evaluated extremely well with both the Matron cohort and the organisation able to clearly identify the benefits to patient care, and service delivery, the programme has yielded. The Group Manager Programme has recently commenced and to date has been well received.

Work to develop both a medical leadership and Senior Sister/Charge Nurse programme for delivery during 2016/17 is now underway using a similar methodology. In addition the Trust has been awarded some funding by HEE-WM in order to commission and evaluate a leadership development programme for the Divisional operational triumvirates.

A more detailed Education update is included in Appendix 2.

2.3 Staff Survey Results 2015

The Trust has recently had the results of the National Staff Survey undertaken between September and December 2015.

However, in summary the results highlight very positive progress on a range of key indicators. Of the 32 two key findings, 2 improved, 2 worsened and the remainder are not comparable or remained stable. Our findings see us outperform all other Trusts in the Shelford group: the closest comparators were Guy's and St Thomas' and Newcastle on Tyne Hospitals, albeit they secured no findings in the top 20%. Our performance is also strongest against our nearest neighbouring trusts within the West Midlands.

The key findings which are particularly pleasing are in relation to staff engagement which improved significantly, as did quality of appraisals and staff feeling able to raise concerns safely. It is especially

heartening to see that staff satisfaction with the quality of work and patient care they are able to deliver and in feeling that their role makes a difference to patients/service users is amongst the best 20% of acute trusts.

Unfortunately not all of the trends were positive. Reported bullying and harassment increased by 1% to 27%. There is also some concern on the levels of violence towards staff from patients and number of staff reporting discrimination at work. Although there was a small fall in reported stress levels, the number of staff reporting pressure to work when unwell rose by 1% to 60%.

Action plans for the Divisions will be developed and progress reported to the Operational Workforce Group.

A more detailed report is included at Appendix 3 and a further report will be submitted to the Board of Directors at a later date.

2.4 Sickness Absence

The Trust's sickness absence remains at approximately 4% each month which is above the Trust threshold of 3.6% and work is being undertaken to tackle problem areas. Year to date sickness stands at 4.03% (1/04/2015 – 29/02/2016) with February's absence at 4.15%. Long term absence continues to be consistent at between 2.15% - 2.4% each month.

One area that has remained a challenge for Divisions is absence of Additional Clinical Services staff i.e. Unregistered Nursing Assistants. The absence of this staff group has consistently remained at between 7 - 8% and this has never changed significantly in the last few years. A piece of work to tackle this issue is being undertaken in Divisions, supported by Human Resources. A detailed plan is being developed, but includes undertaking focus groups and surveys to understand the 'real' reasons for absence, in addition to those that have been reported.

Further detail is included in Appendix 4.

2.5 Recruitment

Trust vacancies including nursing vacancies remain at a steady state and a number of actions are being taken in order to fill these posts in order to ensure safer staffing levels without a reliance on bank and agency staff.

As at 10th March 2016 there were 270 individuals proceeding through employment checks including 88 registered and 59 unregistered nursing staff. A preceptorship event for newly qualified nurses takes place in the next few weeks with the expectation of recruiting in the region of 100 new nurses who would be expected to commence during the 3rd quarter of the next financial year. Other events and initiatives have been scheduled for the coming year including the campaign to

use our current Band 5 nurses to help us to recruit other nurses. A 'Return to Acute Care' programme is also in progress. A further paper in respect of the nursing workforce and recruitment and retention will be submitted to the Board of Directors by the Chief Nurse in the next few months.

In respect of time to hire, a considerable amount of work has been done in the last year to improve and reduce the time it takes to recruit staff and a reduction of 16 calendar days to 75 days has been achieved. Further work is being undertaken to reduce this further.

3. **Conclusion**

There are some significant workforce issues that the Trust is facing currently. However the Board can be assured that a number of work streams are ongoing in order to mitigate any risk to patients.

4. **Recommendations**

The Board of Directors is asked to receive this report.