APPENDIX 1

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

WORKFORCE REPORT UPDATE 2016/17

MEDICAL WORKFORCE UPDATE

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. A project implementation group has been established and a schedule of work identified in order to assess the impact for the Trust of the proposed contract. The contract will have a significant additional workload for Medical Resourcing, Medical Education and the Junior Doctors Monitoring Office (JDMO). 82 template rotas will need reassessing between March and May 2016 and remodelled to assess the different rate of enhanced payments in line with the proposed new contract. Approximately 1400 individual work schedules and 1300 salary assessments per annum will be required to include service and educational objectives on an individual basis.

In addition a Guardian of Safe Working reporting to the Board will need to be advertised and appointed to. The financial implications of the new contract are also currently being assessed.

Junior Doctor Review

A paper proposing a detailed review of the junior medical workforce working patterns and operational management structure was approved by CEAG in October 2015. The Trust has established a formal Steering Group to support the review and which is chaired by the Executive Director of Delivery reporting to the Trust Strategic Workforce Group and CEAG quarterly. The Review process has commenced and the Steering Group have met twice to date to agree the initial required work streams, however, the appointment of a suitable Review Project Manager has been extremely difficult in spite of several approaches internally. Conversely there has been significant interest from the consultant medical workforce in response to the advertisement for 2 lead Consultants to support the review. Additionally the reviews original intentions around a significant overhaul and re-think around the current 80+ rotas will have to be revised to later in the project (12-months' time) to allow the required work to implement compliant rotas in August.

Recruitment

The difficulty in the recruitment of medical and dental staff is ongoing and linked to the shortage of such staff in all grades and specialities. The main responsibility for this shortage lies in the significant deficit in supply compared to demand determined via the national workforce planning system, restriction due to immigration controls for suitably qualified non EU applicants and the constraints on medical student numbers. The Trust has implemented a

number of initiatives such as the International Fellows Programmes, Junior Specialist Doctor Programme and non-medical associated posts such as Advanced Practitioners to meet the shortfall.

HEE WM Quality Assurance visits

The Trust received 3 visits during this period:

- Joint Foundation and Medical Undergraduate visit from both Health Education England – West Midlands (HEE-WM) and University of Birmingham (UOB) Medical School in September 2016. The final report from this visit was very positive with the Trust ethos around the importance of education very highly praised. No patient safety issues were raised and no further visits required outside of the normal scheduled programme. An action plan has been submitted for the few minor issues raised in the report which include a need to improve dissemination of student evaluation data, development of the phlebotomy service, specialty inductions and closer working with the Site Management team.

- Ophthalmology visit by HEE-WM during October 2015. This scheduled specialty visit was also very successful with no patient safety issues raised and the education programme, support and experience for trainees within the specialty highly praised. The key recommendation raised was the need to improve the number of cataract procedures that the trainees have exposure to and which the Specialty and Division are addressing.

- Neurosurgery visit by HEE-WM during November 2015. This was a Level 2 revisit following a previous visit during December 2014 to review the Trust progress against the issues raised. The report praised the Trust progress and significant improvement made in the educational and clinical experience of the trainees in this Specialty. The level of improvement has resulted in no requirements for exception visits outside of the normal scheduled programme.

  The Trust expects to receive the following forthcoming scheduled visits:

  - Emergency Medicine, 31st March 2016
  - Anaesthetics, 3rd May 2016
  - Clinical Pharmacology, Level 1 paper review, March 2016

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

Domain	**Ranking**
Clinical Supervision	**3rd**
Work Load	**9th**
Educational Supervision	**8th**

Clinical Supervision Out of Hours	**3rd**

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.

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. If the Trust does not have sufficient accredited supervisors for the trainees allocated by this deadline, trainees will not be allocated. The current Trust compliance rate is:

- Full Educational Supervisor status 27%
- Full Clinical Supervisor status 2% *

*to note that full Educational Supervisor status includes full Clinical Supervisor status

Work is intensifying to ensure achievement of this target with the imminent recruitment of 2 more Consultants for a period of 6 months to support the Lead Consultant with the review of evidence and the interviews required to confirm accreditation. Clinical Service Leads are being provided with regular status reports individual Supervisors are being contacted to remind them of this requirement and how to achieve the required sign off.

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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

WORKFORCE REPORT UPDATE 2016/17

EDUCATION UPDATE

Mandatory Training and Appraisal Compliance

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 with an increased focus on E-Learning supported education. A system of automated reminders sent to both individual staff and their line managers for compliance expiry and which is linked to the deferral pay policy has been introduced and is having a positive impact on overall compliance figures.

Training	Current Compliance at 29th February 2016	Target / Threshold
Trust Induction	96.3%	> 90%
Local Induction	86.5%	> 90%
Fire Training	93.9%	> 95%
Information Governance	93.4%	> 95%
Infection Control	94.8%	> 90%

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

The Board of Directors agreed the Trust outline ESF application and requested a further report-back following the decision by the Department of Work and Pensions (DWP) on the Full ESF bid and the receipt of the SLA from Birmingham City Council. The bid was presented, and agreed, at a recent Cabinet Meeting on 16th February 2016. DWP have now issued Birmingham City Council (BCC) with a provisional offer that stipulates 2 minor conditions which have been met and as a result BCC are now in the process of finalising "Partnership Agreements" with all key bid leads and which we expect the Trust to be issued with imminently. 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 in order to ensure timely delivery of the bid aims of creating an employer and vacancy-led approach to employment and skills provision, responding to the needs of disadvantaged young people in the local jobs market**.**

National Apprenticeship Levy

The national Apprenticeship Levy arising from the 2015 Comprehensive Spending Review will come into effect in April 2017. The levy will be payable by all employers at 0.5% of their total pay bill with an allowance of £15,000 to offset against payment of the levy and which means that the levy will only be payable on pay bill in excess of £3 million per year. It is to be noted that the

levy is based on all staff and not just the workforce eligible to undertake apprenticeships which amounts to only 43% of the NHS workforce and for the Trust will amount to circa £1.5 million pounds annually against a total pay bill of circa £300 million.

Administration of the Levy remains unclear but it is expected that the funding will work on a digital account/ voucher system whereby every employer will have the opportunity to direct the funds that are available in their digital accounts to meet their apprenticeship training needs with approved training providers, and will be given a reasonable amount of time to do so. In order for the Trust to ensure the Levy does not result in an overall loss of income it will need to both maximise apprenticeship opportunities which will be mainly across the Bands 1-4 workforce, and apply to become an accredited training provider of Apprenticeship education

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 and an unknown impact on University recruitment to previously commissioned numbers. The continued role of HEE in terms of its historical role around NHS workforce planning and education quality management is unclear as they will no longer be in a position to commission these programmes. For Trusts the risks are potentially significant if Universities are unable to recruit to the necessary numbers to meet continued workforce demand, alternatively the benefits of an unmanaged market better determined by Trusts directly with Universities are equally unknown.

The Trust has already had a number of meetings with its two main University providers, Birmingham City University (BCU) and UOB to start to assess the local impact of this policy decision and explore closer future working arrangements within this changing landscape which will ensure the undergraduate numbers better meet local demand. BCU have particularly highlighted concerns over recruitment numbers across specific programmes already challenging to fully recruit to i.e. Therapeutic Radiography, Mental Health and Learning Disability nursing. The Council of Deans is also predicting an overall 10-12% drop in recruitment to all graduate programmes in the first year and which it is hoped will return to normal levels thereafter as experienced following the introduction of increased fees up to £9k per year.

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. The consultation seeks to understand the following:

- Identify the potential for a new role to sit between a Care Assistant with a Care Certificate and a graduate Registered Nurse.

- Identify the principles for the proposed new care role.
- Consider the learning outcomes that will need to be assessed to assure quality, safety and public confidence in the proposed role.
- Identify what academic achievement would be required, alongside the practical skills and how this learning should be best delivered and assessed.
- Consider whether or not the proposed role should be regulated – and if so, how and by whom.
- Agree the title of this new role

Proposals for this role are out for consultation until the 11th March 2016 and the Trust is fully participating in the consultation and has both contributed to a Shelford Group response and submitted an organisational response. The overall view is that if this role is implemented it must be regulated and educated to a nationally determined level or it will be of little value and that without this and a revision to some of the current suggested limitations, the current proposal would bring no added value to nursing establishments.

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 that is consistent and responsive to clinical issues as they arise. The structure will also enable better assessment and monitoring of the impact and effectiveness of the education delivered on a Trust wide basis. Each division has a Clinical Educator Team Manager at Band 7 to oversee education for that division (Div A have 2.5 one each for Theatres and critical care and 0.5 in ambulatory care). The Clinical Educator Team Manager will be managed within the Division but will have a professional line of responsibility to the Lead Nurse for Education in the corporate team. Work has begun to operationalise the structures with events planned to develop a Trust wide strategy for nurse education

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WORKFORCE REPORT UPDATE 2016/17

STAFF SURVEY 2015

The national staff survey results for 2015 demonstrate significant strengths for the Trust, with our performance particularly strong benchmarked against other acute trusts and when compared with the Trust's own performance in previous years. 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.

Of the 32 areas surveyed in 2015, the Trust had 14 findings in the highest 20% of acute trusts, 9 above the national average, 7 average findings, 2 findings below the national average, and no findings in the bottom 20%.

Overview of Results

	2013	2014	2015
Highest 20%	15 findings	9 findings	14 findings
Above average (better than other trusts)	4 findings	9 findings	9 findings
Average	4 findings	7 findings	7 findings
Below average (worse than other trusts)	3 findings	3 findings	2 findings
Worst 20%	2 findings	1 finding	0 findings
	28 findings	**29 findings**	**32 findings**

This is our strongest performance to date. 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, from Royal Wolverhampton achieving 23 findings at above average but none in the top 20% through to Worcester with only 1 above average finding.

The Trust has made improvements on the previous year in two key findings: the percentage of staff appraised in the last 12 months and the percentage reporting witnessed errors, near misses or incidents. By contrast, there was a decline in the Trust's performance against the indicators of staff feeling pressure to attend work when unwell and staff confidence and security in reporting unsafe clinical practice. It is disappointing to find that staff

experience of discrimination, violence, harassment and bullying are amongst our bottom ranked findings.

The survey was undertaken October to December 2015, and 418 of the 835 staff randomly selected to participate this year responded. The Trust's 50% response rate is within the highest 20% of acute trusts nationally.

We will be undertaking targeted action planning to address problem scores in Divisions and staff groups.

Comparison of UHB results with other trusts

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

- UHB – 23 findings (14/9)
- Royal Wolverhampton – 23 findings (0/23)
- Dudley Group of Hospitals – 18 findings (0/18)
- Sandwell & West Birmingham – 12 findings (0/12)
- Heart of England – 1 finding (1/0)
- Worcester - 1 finding (0/1)

Comparison of UHB results with the Shelford Group

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

- UHB – 23 findings (14/9)
- Guy's and St Thomas' – 23 findings (0/23)
- Newcastle on Tyne Hospitals – 21 findings (0/21)
- Central Manchester University Hospitals – 17 findings (0/17)
- Oxford - 10 findings (6/4)
- Kings -14 findings (5/9)
- UCLH - 13 findings (5/8)
- Cambridge - 10 findings (4/6)
- Imperia l- 7 findings (4/3)
- Sheffield - 5 findings (0/5)

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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

WORKFORCE REPORT UPDATE 2016/17

SICKNESS ABSENCE

Long term sickness continues to be a more significant cause of absence than short term sickness.

For the year to date the top 5 reasons for both long term and short term absence are:

Long Term Sickness Reasons	Short Term Sickness Reasons
S10 Anxiety/stress/depression/other psychiatric illnesses	S13 Cold, Cough, Flu - Influenza
S12 Other musculoskeletal problems	S25 Gastrointestinal problems
S28 Injury, fracture	S12 Other musculoskeletal problems
S25 Gastrointestinal problems	S16 Headache / migraine
S30 Pregnancy related disorders	S30 Pregnancy related disorders

Staff groups with absence consistently above average include Health Care Assistants and focus groups are planned to assist in addressing the causes. A deep dive of stress and anxiety data is being progressed in order to develop an action plan to target those groups/departments/personal characteristics most likely to suffer episodes.

New sickness cases being referred into the First Contact Team within Human Resources is averaging 83 a month over the current year. Dismissals on the grounds of ill-health are averaging 3 a month in the year to date.

Regular ‘confirm and challenge’ meetings are in place in Divisions in which the top 5 long term cases (by number of days) and short term sickness cases (by number of episodes) are reviewed and progressed as appropriate. This has helped to resolve some complex long term cases.

An annual programme of sickness absence management training is provided by members of the operations team and this is currently under review in order to ensure that the training is more interactive and meaningful through the use of case studies.

In addition to the annual programme of training, bespoke sickness absence management training on request is also provided; recent groups receiving the training include facilities team leaders, and arrangements to deliver training to Division D ward managers and deputies are in hand. Bespoke training packages will continue to be provided for teams and departments where sickness absence is problematic.