UNIVERSITY HOSPITALS BIRMINGHAM

NHS FOUNDATION TRUST

BOARD OF DIRECTORS

ANNUAL WORKFORCE REPORT

JULY 2017

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

ANNUAL WORKFORCE REPORT 2016/17

1   Introduction

The annual workforce report outlines the main workforce issues and opportunities faced by University Hospitals Birmingham NHS Foundation Trust during 2016/17 and how it has responded to them. The report also includes workforce statistical information for the year ending March 2017.

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

a)   Strengthen the Trust's capacity and capability for strategic workforce planning;
b)   Ensure effective management of the workforce;
c)   Enable the health and well-being of the Trust's workforce;
d)   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 – robust workforce planning has taken place 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 NHS Improvement.

1.2   Medical Resourcing – The main challenge for Medical Resourcing in 2016/17 has been the national contractual dispute with Doctors in Training and the implementation of the new contract. The 2016 contract has led to a major increase in workload for Medical Resourcing, Payroll, the Junior Doctors' Monitoring Office and Education teams – 1600 new work schedules per annum are required with pay circulated to the nearest 15 minutes and Education opportunities clearly detailed and updated. The main challenge going forward is the continuing shortage of medical and dental staff at both junior and senior level in all specialties.

1.3   Workforce Transformation – the focus in 2016/17 has been to ensure workforce implications of planned service expansions are appropriately implemented. There has been continued support to address 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 has included a number of projects to restructure departments, review skill mix, shift patterns and extend working hours/weeks to meet changing demands in the provision of patient care.

1.4   Workforce Operations – there has been continued focus on achieving Key Performance Indicators (KPI) and working with department managers and Staff side to reduce the length of time taken to conclude

disciplinary and grievance cases. Sickness absence rates have increased in 2016/17, and work continues to endeavour to drive this down, including case conferences with Directors of Operations and Associate Directors of Nursing to focus on absence management strategies, deep-dives planned for targeted sickness hot-spots, and further staff wellbeing developments. Bespoke training has been delivered to managers across the Trust to ensure that managers have the necessary skills to support the workforce.

1.5 Workforce Governance – robust workforce governance systems have continued to be utilised and embedded in 2016/17 to assure the Trust's compliance with legislative requirements and best practice. Further progress has been made in 2016/17 in developing an inclusive workforce and working environment. The Trust has published its diversity data and progress on equality initiatives in line with the Equality Delivery System and its duties under the Equality Act 2010. This year the Trust was included on the Stonewall Workforce Equality Index for the first time. Staff wellbeing initiatives have been further developed. The Staff Survey results, which are amongst the best in the country, have been analysed, reported on and action plans developed.

Progress against the delivery of these themes and the priorities for 2016/17 are detailed below.

2   Themes

2.1   Workforce Planning

The priorities for 2016/17 were to confirm that the 5 year workforce plan from 2015/16 was still appropriate; 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.

Last year the Government consulted on proposals for the introduction of a new Nursing Associate (NA) role to support the Registered Nursing workforce in providing high quality care across health and social care settings. At the beginning of 2017 the Trust began the roll out of the regional pilot of the NA role. HR have been involved in supporting Corporate Nursing with the terms and conditions and contract for this pilot.

Work continued on the national Apprenticeship Levy which came into effect on 6th April 2017. The Trust has been working collaboratively with colleagues at Heart of England NHS Foundation Trust (HEFT) to agree a joint apprenticeship strategy

An Agency Staffing Working Group was established to support the strategic reduction in agency expenditure. Membership of the group included HR, Finance, Nursing, Medical Resourcing, QEHB+ and

Procurement. A huge amount of work was put in to this and resulted in a £4.6 million reduction in Trust wide agency spend in 2016/17 compared to 2015/16. Nursing achieved the greatest savings and reduced their total agency spend by 40%.

Workforce Planning priorities for 2017/18

(i)   Continue to reduce reliance on the requirement for temporary staff.

(ii)   Recruitment and development strategies to increase the number of consultants, junior medical workforce, nurses, ODPs and Healthcare Scientists to address both shortages and areas of activity growth.

(iii)   Develop a pay structure and terms and conditions for apprenticeships.

(iv)   Creation of models of long term generic training across nursing, the Trust JSD programme and Physician Associates to support the development of a more generalist and flexible workforce.

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

2.2 Medical Workforce

The main challenge over the past twelve months has been the contractual dispute by Doctors in Training (DiT) and the implementation of the new 2016 contract of employment.

The Trust's Doctors in Training Project Implementation Group (DiT-PiG) managed to identify, resolve and implement all key tasks within the 2016 contract requirements to ensure each department implemented a new compliant rota and the Trust's targets for the distribution of work schedules were met. The 2016 contract has led to a major increase in workload for Medical Resourcing, Payroll, the Junior Doctors' Monitoring Office and Education teams – 1600 new work schedules per annum are requested with pay circulated to the nearest 15 minutes and Education opportunities clearly detailed and updated.

At UHB the first doctors to transition were Foundation Year (FY) doctors in December 2016 and then a staged process was agreed for all others up to October 2017.

As part of the requirements of the contract a Guardian of Safe Working (Dr Jason Goh) was appointed to provide assurance to the Board of the safe working arrangements and to oversee the Exception Reporting Process. The process is working through an electronic system of reporting with several doctors securing time in lieu or payment for additional hours.

The locum arrangements under the 2016 DiT contract include a fidelity clause contractually requiring doctors in training to provide first call on any spare time to the NHS at agreed NHS locum rates. Work is

currently ongoing to agree a procedure and also to secure a regional approach where possible.

The major challenge for the medical workforce is the ongoing difficulties of workforce supply. This is a national issue and although the Government have recently announced 1500 more medical student placements (500 in 2018, 1000 in 2019) there will be an 8-10 year period before these doctors effectively contribute to the service. The significant deficit in supply compared to demand will remain very challenging for at least 10 years and possibly longer if the planned 2018/19 increase does not meet ongoing demand. The workforce shortage is further constrained by immigration controls for non-EU applicants and the potential difficulties of Brexit. Currently 40% of Junior Speciality Doctors (JSD) at UHB are from the EU.

The following policies and procedures for medical and dental staff were agreed during the year – Policy and Procedure for Maintaining High Professional Standards; Work Schedule Review and Exception Reporting Procedure; Consultant Recruitment Procedure; Procedure for the Recruitment and Selection for Medical and Dental posts and the Annual Leave Procedure is being updated to reflect the 2016 contractual changes.

Medical Recruitment

Between 1st April 2016 and 31st March 2017 there were 116 appointments to medical vacancies comprising 17 Consultants, 14 Locum Consultants, 2 Speciality Doctors, 1 Specialist Clinical Fellow and 82 Junior Specialty Doctors.

Medical Workforce Priorities for 2017/18

(i)   Fully implement the 2016 DiT contract.
(ii)   Embed the approach to Exception Reporting and Work Schedule issues.
(iii)   Agree a Locum Process to accommodate the 2016 fidelity clause
(iv)   Review the Job Planning Process.
(v)   Explore Medical Workforce supply avenues and continue to raise shortage concerns nationally.
(vi)   Reduce, as far as practicable, the use of agency doctors.

2.3   **Workforce Development**

The Transformation Team has been involved in over 60 workforce transformation projects over the period 1st April 2016 to 31st March 2017 9 of which will be completed in 2017/18. A further 7 new workforce transformation projects have commenced and will be completed during 2017/2018. All planned service changes are subject to robust business planning and approval processes. All workforce, finance and clinical service requirements are contained within each service change 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/or the Director of Operations.

The Workforce Development Team follows 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.

The Trust's Organisational Change Procedure clearly identifies the methodology for communicating and implementing workforce and service change. The revised policy was approved in March 2017. Workforce plans and service changes are routinely shared with staff side and any workforce change follows a robust consultation process as outlined in the Organisational Change Policy and Procedure.

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:

Nursing

- Organisational change programme enabling the Capacity and Demand project to further develop additional extended Theatres times and case mix lists across all Theatres;
- Review of band 3 Nursing roles;
- Change in working hours for a number of Wards including Wards 513 and 624;
- Extended working hours for Urology Theatres;
- Review of working week for Diabetes Clinical Nurse Specialists;
- Extension of working week for Palliative Care;
- Change in shift patterns for Recovery Unit in Main Theatres and Emergency/Vascular Theatres;
- Development of a new service model of advanced critical care staff to supplement Junior Doctors' rotas in Critical Care;;
- Ophthalmology review of overtime, phase 2 moving additional hours work to the Trust bank, QEHB+.

Medical

- Review of Sexual Health Medical Workforce – Weekend working;
- Closure of the Vasectomy Service.

Clinical Support

- Increase in the number of staff undertaking on call duties in Blood Sciences Laboratories, Histopathology Laboratories and Microbiology Laboratories (Phase 1);

- Histopathology Laboratories extended working week to include weekends (Phase 2);
- To move Laboratories to shift working for overnight and weekends (Specific Laboratories only);
- Restructure of the Clinical Pharmacy Team and on call provision;
- Introduction of weekend working to Clinical Pharmacy Team and change in rotas to cover Bank Holidays;
- Review of out of hours ad hoc payments to Radiographers for night shift working and changes to shift patterns;
- Reduction of Phlebotomy services in Research and Development due to changes in service provision within the Trust;
- Transfer of Tissues Services from Division D to Division A and restructure;
- Extended working days in Pre-Treatment within Radiotherapy;
- Rationalise on-call payments systems (Perfusionists).

Imaging

- Embed PET-CT radiography team into UHB team following the transfer of staff from Alliance Medical;
- Implemented changes for Imaging staff out of hours cover, including nights, weekend and extended shifts provision;
- Imaging Booking Office team restructure and organisational change;
- Rationalised on call payments systems;
- Implemented Imaging Department Assistant extended working week Organisational Change Project.

Therapies

- Review and implement Therapies senior management team organisational restructure following succession planning project;
- Rationalise on call payments systems;
- Realign out of hours payment systems in line with Agenda for Change pay structure.

Pharmacy

- Restructure of Clinical Pharmacy;
- Rationalised on call payments systems.

Non-Clinical Support Services

- Critical Care Stores Succession Plan;
- Reorganisation of Trauma network, QEHB+ services, Radiotherapy Administrative and Clerical Support team; Respiratory Secretaries, Reel and Ubuntu Team;
- Change to hours of work/shift patterns for the Anticoagulant Department Admin and Clerical staff, Cardiac Secretaries, Portering, Cancer Services, Birmingham Lesbian, Gay, Bisexual and Transgender (LGBT), and parts of the Catering department;

- Finalised Sexual Health Services redeployment and contract negotiations with partners;
- Reviewed staffing levels in the Imaging Booking Team;
- Reviews of the SAFE service, Management structure within Payroll Services, Housekeeping Supervisors, Group Support Manager Role in Division C;
- Restructure of 'MidTECH' and transfer onto Agenda for Change terms and conditions;
- Restructure and review of job descriptions in the Research and Development Department;
- Restructure of Learning HUB and Learning and Development;
- Restructure of the Payroll department following transfer of staff from Heart of England NHS Foundation Trust (HEFT).

Transfer of staff between UHB and other organisations during 2016/2017

The following TUPE transfers have occurred due to the Trust successfully tendering for contracts:

- Payroll Services for Heart of England NHS Foundation Trust

Redeployment

Most organisational changes result in staff being redeployed into other posts within the same department, on occasions this results in the staff being granted long term pay protection.

Five staff have been successfully redeployed to other departments as a result of organisational changes.

Redundancies

There have been a total of 3 redundancies across the Trust.

Workforce Development Priorities for 2017/2018

Priorities for the forthcoming year include:

- Extension of working hours/review of shift patterns in various areas including Ward 621, Tissue Viability Services; Cardiac Theatres; Oncology Outpatients Department; Ophthalmology; Liver Transplantation; and for Dialysis unit staff working in Continuous Ambulatory Peritoneal Dialysis (CAPD);
- Rebanding of Matrons to ensure consistency;
- Microbiology and Blood Science labs to move to shift working overnight and weekends;
- Increase in staffing numbers for weekend working and bank holiday working in Pharmacy;
- Reviews of Manual Handling provisions and Therapy services;

- Change in hours of Intensive Care National Audit and Research Centre (ICNARC) Team and GI/Endoscopy Secretarial Team;
- Introduction of new shift patterns in Portering in the Imaging department and for Admin and Clerical staff in the Emergency Department.

Divisional Consultative Committees

Members of the Human Resources Team are assigned a Divisional Consultative Committees and attend the meetings on a monthly basis providing HR input and sharing reports on Key performance indicators.

2.4 Workforce Operations

2.4.1 Non-medical Recruitment

In the period from 1st April 2016 to 31st March 2017, the Trust saw a 19.75% increase in non-medical recruitment activity from the previous year, with 1805 appointees. Of these, 779 were internal appointments and 1026 external. The breakdown of these appointees is as follows:

- Nursing: There were 451 new nurse starters comprising 129 Band 2 Nursing Assistants and 322 Bands 5 - 8 Nurses
- All other staff groups not covered by medical and nursing: 575 new starters
- 779 existing staff changed jobs

The Recruitment Team is responsible for all non-medical posts within the Trust. The focus in 2016/17 has been to build on the good work started in 2015/16 in streamlining of processes and reducing the overall time to hire. The time to hire from the date an offer of employment is made to the date a candidate is cleared to start has remained static at 26 days which has been a significant achievement in the context of significantly increased recruitment activity.

Standard Operating Procedures are in place across all areas of recruitment ensuring consistency of processes and efficiency across the team, and improving the quality of the candidate recruitment experience.

One of the key achievements in 2016/17 has been much closer working practices with QEHB+. It is now possible to fast track the recruitment for nursing assistants and facilities staff employed with QEHB+ into substantive roles, removing unnecessary interviews and reducing the administrative burden for wards and departments, and improving vacancy-fill timelines for staff moving to substantive roles from the bank

One of the most significant steps forward for the Recruitment Team in 2016/17 was the development and embedding of the NHS Jobs recruitment administration portal, which has resulted in the greater

automation of the recruitment processes and the implementation of a robust redeployment process.

In response to demand, the Trust wide recruitment and selection training programme is now delivered on a monthly basis and develops skills and confidence in all aspects of recruitment.

Recruitment priorities for 2017/18

- Review all recruitment processes to identify and implement streamlining of activities to reduce time to hire to 21 days, in line with NHS Improvement standards, from offer to date cleared to start, including:

  o Introduce pilot programmes looking at references and how they are requested, and evaluating the potential impact on the candidate recruitment journey;
  o Introduce a pilot programme for the internal transfer of Band 5 nurses to determine whether this has a positive impact on the time to hire.;
  o Publish guidelines to managers on recruiting timelines to ensure timely planning and progress of pre-offer stages;
  o Develop further links with JobCentrePlus to speed up pre-employment checking for long-term unemployed candidates;

- Continue to broaden social media usage in recruitment activities to extend the reach of our candidate pool;

- Refresh and enhance the Trust's careers/jobs page on our website, developing career profiles and promoting positive staff survey outcomes;

- Further implement an internal audit programme to ensure compliance with NHS Employment Check Standards, improving quality of approach across all areas of the pre-employment checking process.

2.4.2 First Contact Team

First Contact is a key function in ensuring efficiency and effectiveness of the HR Operations service. It 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, the team also undertakes face to face meetings, including exit interviews with leavers on request.

First Contact's remit was originally designed to respond to low- to mid-level enquiries from staff and managers, to signpost non-routine

queries to HR specialist functions, and to complete general administration duties for HR service delivery. The increase in volume of recruitment, the increasingly complex nature of casework, and the many changes with immigration legislation, have heightened the demands on First Contact. The heightened demands are both in terms of the volume of work which has seen the First Contact team responding to more detailed queries and now handling routine investigations, and broadened scope to safeguard the Trust and our patients through robust management of immigration and right to work checks.

Between 1st April 2016 and 31st March 2017, First Contact responded to 9,533 emails from managers and staff. The top 5 queries by email were related to sickness absence, annual leave, honorary contracts, ESR, and SMART/IT queries; these are largely the same main reasons for queries as in the previous year, and the team intends to prioritise these areas for self-service developments.

New sickness cases being referred into First Contact averaged 79 a month over the past year. On a monthly basis the First Contact team provides detailed absence reports to managers, highlighting staff who have reached the trigger points identified in the Trust's Sickness Absence and Attendance Procedure. Information provided within these reports includes advising on the escalation of short term 2nd trigger and long term sickness referrals. First Contact provides advice and guidance to managers and team leaders regarding the management of sickness absence and ensures that the Sickness Absence and Attendance Procedure are implemented consistently and fairly across all divisions.

Honorary contracts are in place for non-paid workers undertaking clinical activity, research projects, work placements or observing within a clinical environment at the Trust. In the last 12 months the team processed 582 honorary contract applications.

First Contact is also responsible for a number of administrative functions. These include monitoring professional registration and right to work checks and inputting of all new non-medical and dental starters on the payroll system, with an average of 104 new starters being processed per month.

During 2016/17, the team successfully completed a full ESR data cleanse, as a result of which 1,060 staff responded to required updates, as shown in the table below:

Total updated staff records:	1060
Emergency Contact	811
Contact Details	803
Personal Details	377
Equal Ops	145

Line Manager	119
Professional Registration	33
Right to work	31
Position/Role	28

This is an important step in ensuring a high level of governance compliance of our workforce data.

First Contact's priorities for 2017/18 are:

i. Complete the development of the new HR Website which will act as a self-service for staff and managers across the Trust, allowing on-demand access to advice and guidance on all HR related matters, including template letters, forms and processes.

ii. Review, develop and implement HR training for all new Managers, and refresher and advanced HR training for all existing Managers. This will include bespoke training for specific management responsibilities e.g. Undertaking Disciplinary Investigations, and also new and varied delivery modes.

iii. Develop and implement a new Honorary Contract and Letter of Access procedure, including streamlining of documents for mandatory checks and registering with Medical Industry Accredited (MIA) for Medical Representatives.

iv. Review and update leaver processes to ensure meaningful data is available to inform targeted retention activities.

2.4.3 Employee Services

Employee relations casework

There were a total of 115 formal cases in 2016/17, increasing from 112 formal cases in 2015/16. Of the 115 cases, 83 were disciplinary cases, 16 grievance cases, 6 harassment cases, and 10 cases involved medical and dental staff under the Maintaining High Professional Standards in the Modern NHS (MHPS) Procedure. The outcomes of these cases are detailed in Appendix 5.

The average length of progressing non-MHPS cases from commencement to closure decreased to within our 12-week Key Performance Indicator (KPI) for case completion, except in harassment cases where the extended duration is attributable to the particular complexity of the small number of cases managed in 2016/17.. The average completion time for MHPS cases has increased in 2016/17, but that does reflect the highly complex and contentious nature of the cases managed in that period and the complexity of the procedure.

Disciplinary, harassment, grievance

Case Type	2016/17		2015/2016	
	Number of cases (closed)	Average length of case (weeks)	Number of cases	Average length of case (weeks)
Disciplinary	83	10.14	86	12.69
Harassment	6	16.66	5	13.8
Grievance	16	8.93	10	12.83
Total	**105**	**11.91**	**101**	**13.11**

Maintaining High Professional Standards Maintaining High Professional Standards (Medical Staff):

Case Type	2016/2017		2015/2016	
	Number of cases (closed)	Average length of case (weeks)	Number of cases	Average length of case (weeks)
Disciplinary	10	38	9	25.11
Harassment	0	0	2	40.5
Grievance	0	0	0	0
Total	**10**	**38**	**11**	**21.87**

Poor Performance Cases

There have been 8 formal poor performance cases in 2016/17.

Employment Tribunal Cases

There were 3 Employment Tribunal cases either listed during 2016/17 or carried forward from the previous year, with the Trust successfully defending all of these.

Sickness absence

In 2016/17, the Trust recorded an annual average sickness absence across all clinical and corporate divisions of 4.28%, a 0.26% increase on the previous year. Trust management continues to work in partnership with Staff side to manage this.

Dismissals on the grounds of ill-health have been averaging 3 per month, which remains in line with the previous year's figures.

Long term absence continues to be higher at 2.29% than short term absence at 1.94%. The top 5 reasons for both long term and short term absence were:

Long &Short Term Sickness Absence Reasons
1. Anxiety/stress/depression/other psychiatric illnesses
2. Cold, Cough, Flu
3. Other musculoskeletal problems
4. Gastrointestinal problems
5. Injury, Fracture

Staff groups with absence consistently above average include Nursing Assistants, Porters, Domestics and Catering staff. In response to this, focus groups have been taking place exploring the potential reasons for the higher absence rates with these staff groups. The information will be analysed to identify whether there are any additional actions/initiatives that can be put in place to improve the health, wellbeing and attendance of these staff groups to reduce sickness absence overall.

Regular meetings take place across all divisions whereby long term and short term cases are discussed to ensure managers feel supported in managing absence and that cases are reviewed and progressed as appropriate. This proactive, directive approach has helped to resolve some complex long term cases. Meetings also take place with all Associate Directors of Nursing and the Associate Operational Director of Corporate Nursing to review employee relations casework and complex sickness absence cases.

The Trust's Sickness Absence and Attendance Procedure is currently being reviewed. A task and finish group comprising operational managers has been established for this purpose with the intention to improve on the links to health and wellbeing, and to develop practical guidance to assist managers in confidently addressing and resolving attendance and wellbeing issues. Once the final version is agreed, workshops will be rolled out in each division to ensure managers and staff are aware of the changes.

An annual programme of people management training, including performance management, sickness absence management and essential people management skills, is provided jointly by the Employee Services and First Contact teams. The training has been updated to ensure it is more interactive and meaningful through the use of relevant case studies and practical skills development.

In addition to the annual programme of training, bespoke sickness absence management training is also provided in hot-spot areas. It is the intention that more regular sessions are arranged to focus on particular training needs, including upskilling managers in performance management, to be delivered within departments at already established meetings i.e. ward manager/matron meetings.

Employee Services priorities for 2017/18 are:

i.   From the data collated from the sickness absence focus groups, develop and support the implementation of action plans across divisions with staff groups with higher levels of absence, and revise and implement a new Sickness Absence and Attendance Procedure;

ii. Expand the delivery of the range of people management training to operational managers within divisions at already established meetings i.e. ward manager/matron meetings, as well as developing on-demand e-learning packages;

iii. Review and streamline the fast track disciplinary process to ensure that cases are progressed in the safest, fairest and most efficient way, minimising impact on productivity, wellbeing and resources;

iv. Review and amend all template letters and reports for employee relations and sickness absence management cases;

v.   Analyse employee relations casework trends to then plan preventative measures and identify performance factors, minimising staff loss, lost productivity and service impact.

2.5   Workforce Governance

2.5.1 Equality, Diversity and Inclusion

The Trust has published indicators of workforce equality, as part of the Workforce Race Equality Standard (WRES) since June 2015. This has allowed us to assess whether there has been less favourable treatment of the BME workforce in respect of their treatment and experience within the NHS. The WRES has been used to assist the Trust in implementing the Equality Delivery System (EDS).

Each year, alongside the EDS action plans, we monitor workforce data against the protected characteristics to determine areas where we need to improve aspects of employment for our staff. This data is provided in Appendix 2. One identified area for development is improving the willingness of staff to share data relating to some of the protected characteristics as the absence of positive returns makes it difficult to understand where the real challenges lie.

The WRES has highlighted the following areas:

- White staff experience harassment, bullying or abuse from their patients at a slightly higher rate than BME staff (23% White, 22% BME). Harassment, bullying or abuse from colleagues is experienced at a higher rate by BME staff than White staff (28% BME, 21% White)

- 76% of BME staff believe the organisation provides equal opportunities for career progression or promotion, compared to 89% of White staff, these figures are in line with the national average for acute trusts. 76% of employees with a disability believe the organisation provides equal opportunities

compared to 88% of non-disabled staff. There is no national data available for comparison.

Training courses such as PREVENT and Safeguarding are delivered to staff as well as being available to third sector groups we currently engage with. The Equality and Diversity induction and training sessions have been refreshed to focus more on Inclusion. A new half-day 'Inclusion' has been developed and is offered to all staff.

The Trust continues to work with third sector groups to share knowledge and expertise, and provide training on various equality and diversity topics.

2.5.2 Staff Survey

UHB remains committed to engaging its workforce and recognises the contribution staff make to the care of its patients. It strives to find ways to work with staff to improve their working lives, and feedback is crucial to understanding their needs and views. The Trust works in partnership with its trade unions to engage with staff.

The national staff survey is an annual event, but there are also many other mechanisms in place throughout the year by which the Trust actively seeks the views and opinions of staff. These include hosting targeted focus groups, direct e-surveying on specific questions, and holding the Trust Partnership Team and Divisional Consultative Committee meetings.

The 2016 results demonstrate significant strengths for the Trust, with our performance being particularly strong when 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 2016, the Trust had 18 findings in the highest 20% of acute trusts, 6 above the national average, 7 average findings, 2 findings below the national average, and 1 finding in the bottom 20%. Our findings see us outperform our nearest neighbouring trusts within the West Midlands. Our performance is within the top half of the Shelford group of Trusts.

2016 Top 5 Ranking Scores

	UHB	National Average
KF2. Staff satisfaction with the quality of work and patient care they are able to deliver	**4.08**	**3.96**
KF14. Staff satisfaction with resourcing and support	**3.48**	**3.33**
KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	**26%**	**31%**
KF15. Percentage of staff satisfied with the opportunities for flexible working patterns	**54%**	**51%**
KF1. Staff recommendation of the organisation as a place to work or receive treatment	**3.97**	**3.76**

2016 Bottom 5 Ranking Scores

	UHB	National Average
KF24. Percentage of staff/colleagues reporting most recent experience of violence	**62%**	**67%**
KF20. Percentage of staff experiencing discrimination at work in last 12 months	**13%**	**11%**
KF23. Percentage of staff experiencing physical violence from staff in last 12 months	**2%**	**2%**
KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	**86%**	**87%**
KF19. Organisation and management interest in and action on health and wellbeing	**3.60**	**3.61**

Local staff survey questions specific to the Trust

As part of the staff survey Trusts can ask staff questions specific to the organisation's requirements. This year the Trust decided to focus on questions around each respondent's health and wellbeing with this information being used to devise future health and wellbeing initiatives.

Staff Survey Action Plan

A Staff Survey action plan has been developed following the results. The overarching action plan is included in Appendix 3. This includes trustwide and Divisional objectives. Each Division has also been provided with a more detailed action plan with actions for each staff group within the Division.

The information from the local questions

2.5.3 Health and Wellbeing

On site health clinic

This is a new service that has been set up following a pilot scheme, to offer a basic health check to all staff. The health checks that we are able to offer are: blood pressure; waist/hip ratio; body fat analysis; BMI; and blood tests.

The ultimate aim is to offer an in house staff health service that could treat staff with existing / new conditions and also offer routine tests and health checks to staff. The measurements recorded from these health checks can be stored on each member's occupational health records.

The Trust continues to report on progress against the Health and Wellbeing CQUIN which was introduced in 2015/16 and covers physical activity, mental health and improving access to physiotherapy for staff with musculoskeletal issues.

2.5.4 Workforce Policies and Procedures

New or updated policies and procedures have been implemented following management and Staff side consultation:

- New Scheduling Working Time Policy and Procedure;
- New Retirement Policy and updated Flexible Retirement Procedure;
- Updated Disciplinary Policy and Procedure;
- Updated Managing Poor Performance Policy;
- Updated Organisational Change Policy.

A schedule planner is used to track review dates and progression of policies and procedures. Regular joint working with Staff side

colleagues has resulted in improved efficiency with regards to policy consultation.

2.5.5 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 2016 – March 2017.

2.5.6 Pay and Rewards and Terms and Conditions

Apprenticeship Levy and Trainee Nursing Associates

HR have worked with colleagues in Education and Corporate Nursing with the HR elements of the Apprenticeship Levy and Trainee Nursing Associates proposed pay and terms and conditions of service.

Job evaluation

Consistency in banding is continuing to be upheld and monitored, with job evaluations all undertaken within the Governance department. As the Trust and its services further expand and remodel, there are increasing numbers of job evaluations being undertaken. Most job evaluations are for posts which have already been matched or for which there is an obvious comparator.

A system has been developed for tracking and recording job evaluations to improve the auditability of the process and outcomes.

Workforce Governance Priorities for 2017/18

i. Workforce Race Equality Standard (WRES) response to be submitted by 1st August 2017 and Action Plan to be approved by Trust Board in Autumn 2017. The action plan will address areas such as harassment, bullying or abuse experienced by BME staff.
ii. Participation in Stonewall's Diversity Champions programme and completion of the assessment process for Stonewall's Workplace Equality Index.
iii. Establish networking groups for each protected characteristic with the aim of improving both the working environment and patient experience.
iv. Work with Divisions to implement and monitor a response plan to the issues raised within the Staff Survey.
v. Implement actions for staff related to Health and Wellbeing CQUIN to improve physical activity, access to physiotherapy services and mental health.
vi. Continue to maintain policies and procedures, undertaking scheduled reviews and updating in line with legislation and best practice, implementing protocols for policy consultation with Staff side and within HR to ensure timely progression.
vii. Report on gender pay gap.

2.6   HR Automation: Innovation and support via technology

The department is clear that the use of technology within HR is key to the efficiency and consistency of staff management. This year work continued on the Master Staff Index (MSI) project and as of Autumn 2016 all Royal Centre for Defence Medicine (RCDM) Honorary Contract holders now have access to Me@QEHB and their applications are processed via the HR1 route. All checks are completed by the RCDM admin team which assists the First Contact team in a reduction of processing time. This change in process will also help to aid the Master Staff Index project in the automation of Identification badges and Active Directory accounts, thereby ensuring efficiency through a reduction in the number of paper applications overall. .

HR Automation priorities for 2017/18

(i)   Review the current work around the MSI project and electronic staff files to determine the future stages of the project.
(ii)   Review documentation and information on Ask-HR module of Me@QEHB and develop an HR webpage to improve support and advice available to managers
(iii)   Complete the automation of identification badge process and Active Directory accounts as part of the ongoing Master Staff Index Development.

3   Conclusion

There are some significant workforce issues that the Trust is facing currently in an uncertain and shifting political and economic climate. However, the Board can be assured that a number of work streams are ongoing in order to mitigate any risk to patients, staff or the Trust. There are also many opportunities that we can maximise, with the strong foundation of a stable workforce that is highly committed, well-motivated and fairly managed.

Workforce Statistics at 31st March 2017

Staff Group	Headcount	WTE
Add Prof Scientific and Technic	299	272.96
Additional Clinical Services	1434	1226.92
Administrative and Clerical	1806	1639.27
Allied Health Professionals	501	444.84
Estates and Ancillary	839	625.19
Healthcare Scientists	399	370.37
Medical and Dental	1248	1142.53
Nursing and Midwifery Registered	2588	2328.21
Trustwide	**9114**	**8050.29**

Ethnicity	Headcount	%
A White – British	5588	61.31%
B White – Irish	154	1.69%
C White - Any other White background	549	6.02%
D Mixed - White & Black Caribbean	75	0.82%
E Mixed - White & Black African	13	0.14%
F Mixed - White & Asian	30	0.33%
G Mixed - Any other mixed background	65	0.71%
H Asian or Asian British – Indian	622	6.82%
J Asian or Asian British - Pakistani	294	3.23%
K Asian or Asian British - Bangladeshi	59	0.65%
L Asian or Asian British - Any other Asian background	406	4.45%
M Black or Black British - Caribbean	274	3.01%
N Black or Black British – African	234	2.57%
P Black or Black British - Any other Black background	184	2.02%
R Chinese	74	0.81%
S Any Other Ethnic Group	315	3.46%
Z Not Stated	178	1.95%
Total	**9114**	**100.00%**

Disability	Headcount	%
Yes	182	1.99%
No	6404	70.27%
Not declared	2528	27.74%
Total	**9114**	**100.00%**

Age	Headcount	%
18-24	678	7.44%
25-29	1256	13.78%
30-34	1156	12.68%
35-39	1121	12.30%
40-44	1135	12.45%
45-49	1167	12.80%
50-54	1143	12.54%
55-59	832	9.13%
60-64	457	5.01%
65+	169	1.85%
Total	**9114**	**100.00%**

Gender	Headcount	%
Male	2607	28.60%
Female	6507	71.40%
Total	**9114**	**100.00%**

Sexual orientation	Headcount	%
Bisexual	46	0.50%
Gay	81	0.89%
Heterosexual	5967	65.47%
I do not wish to disclose my sexual orientation	2988	32.78%
Lesbian	32	0.35%
Total	**9114**	**100.00%**

Religion and Belief	Headcount	%
Atheism	681	7.47%
Buddhism	41	0.45%
Christianity	3635	39.88%
Hinduism	282	3.09%
I do not wish to disclose my religion/belief	3281	36.00%
Islam	511	5.61%
Jainism	1	0.01%
Judaism	12	0.13%
Sikhism	196	2.15%
Other religions or beliefs	474	5.20%
Total	**9114**	**100.00%**

Turnover

Staff group	Avg HeadCount	Total Leavers	Turnover
Allied Health Professionals	493.08	43	8.72%
Add Prof Scientific and Technic	294.58	22	7.47%
Additional Clinical Services	1448.91	100	6.9%
Administrative and Clerical	1767.5	209	11.82%
Nursing and Midwifery Registered	2568.83	138	5.37%
Estates and Ancillary	840	58	6.90%
Healthcare Scientists	388.5	42	10.81%
Medical and Dental	608.58	56	9.2%
Total	**8409.98**	**668**	**7.94%**

Gender	Total Leavers	% of Leavers	% of Turnover
Male	208	24.02%	3.46%
Female	460	75.98%	6.15%
Total Leavers	**668**	**100%**	**9.61%**

Disabled	Total Leavers
Yes	18
No	492
Not Declared	158
Total Leavers	**668**

Ethnic Origin	Total Leavers
A White - British	414
B White - Irish	23
C White - Any other White background	10
CA White English	18
CFWhite Greek	4
CG White Greek Cypriot	1
CK White Italian	2
CP White Polish	1
CX White Mixed	1
CY White Other European	6
D Mixed - White & Black Caribbean	7
E Mixed - White & Black African	2
F Mixed - White & Asian	4
G Mixed - Any other mixed background	1

GE Mixed - Asian & Chinese	1
GF Mixed - Other/Unspecified	2
H Asian or Asian British - Indian	31
J Asian or Asian British - Pakistani	23
K Asian or Asian British - Bangladeshi	4
L Asian or Asian British - Any other Asian background	3
LA Asian Mixed	1
LB Asian Punjabi	5
LC Asian Kashmiri	1
LD Asian East African	2
LE Asian Sri Lankan	3
LF Asian Tamil	3
LH Asian British	13
LK Asian Unspecified	4
M Black or Black British - Caribbean	18
N Black or Black British - African	14
P Black or Black British - Any other Black background	5
PC Black Nigerian	2
PD Black British	8
PE Black Unspecified	2
R Chinese	3
S Any Other Ethnic Group	8
SB Japanese	1
SC Filipino	4
SE Other Specified	1
Z Not Stated	14
Total Leavers	**668**

Staff Survey Summary of Results 2016

Response Rates by Division *(2015 results in brackets)***:**

- **Corporate – 54% (82%)**
- **Division A – 38.8% (55.8%)**
- **Division B – 35.8% (29.4%)**
- **Division C – 35.6% (35.1%)**
- **Division D – 31.7% (33.8%)**

Response Rates by Staff Group *(2015 results in brackets)***:**

- **Professional Scientific and Technical – 43.6% (57%)**
- **Additional Clinical Services – 26.4% (41%)**
- **Administrative and Clerical – 63.7% (66%)**
- **Allied Health Professionals – 47.8% (57%)**
- **Estates and Ancillary – 41% (90%)**
- **Healthcare Scientists – 60% (66%)**
- **Medical and Dental – 31% (32%)**
- **Nursing and Midwifery Registered – 32.75% (37%)**

Overview of Results

	2014	**2015**	**2016**
Highest 20%	9 findings	14 findings	8 findings
Above average (better than other trusts)	9 findings	9 findings	14 findings
Average	7 findings	7 findings	7 findings
Below average (worse than other trusts)	3 findings	2 findings	2 findings
Worst 20%	1 finding	0 findings	1findings
	29 findings	**32 findings**	**32 findings**

Comparison of UHB results with other trusts in the West Midlands

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

- **UHB – 22 findings**
- Royal Wolverhampton – 10 findings
- Dudley Group of Hospitals – 7 findings
- Sandwell & West Birmingham – 9 findings
- Heart of England – 6 findings
- Worcester- 3 findings

Comparison of UHB results with the Shelford Group

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

- Newcastle on Tyne Hospitals – 26 findings
- Cambridge - 23 findings
- Oxford - 23 findings
- **UHB – 22 findings**
- Guy's and St Thomas' – 22 findings
- UCLH - 18 findings
- Central Manchester University Hospitals – 14 findings
- Imperial - 10 findings
- Sheffield - 10 findings
- Kings - 5 findings

Best 20% of acute Trusts nationally, including in the following key findings

- Quality of non-mandatory training, learning or development;
- % witnessing potentially harmful errors, near misses or incidents in last month;
- % attending work in last 3 months despite feeling unwell because they felt pressure;
- % satisfied with the opportunities for flexible working patterns;
- Staff recommendation of the organisation as a place to work or receive treatment;
- Staff satisfaction with resourcing or support;
- Staff satisfaction with the quality of work and care they are able to deliver;
- % agreeing that their role makes a difference to patients/service users.

2016 Top 5 Ranking Scores

	2015		2016		Difference
	UHB	**National Average**	**UHB**	**National Average**	
KF2. Staff satisfaction with the quality of work and patient care they are able to deliver	**4.16** *on a 1-5 scale*	**3.93** *on a 1-5 scale*	**4.08**	**3.96**	No change statistically from 2015
KF14. Staff satisfaction with resourcing and support	**3.52** *on a 1-5 scale*	**3.30** *on a 1-5 scale*	**3.48**	**3.33**	No change statistically from 2015
KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	**30%**	**31%**	**26%**	**31%**	No change statistically from 2015
KF15. Percentage of staff satisfied with the	**54%**	**49%**	**54%**	**51%**	No change from 2015

	4.02	3.76	3.97	3.76	No change statistically from 2015
opportunities for flexible working patterns					
KF1. Staff recommendation of the organisation as a place to work or receive treatment	4.02	3.76	3.97	3.76	No change statistically from 2015

2016 Bottom 5 Ranking Scores

	2015		2016		Difference
	UHB	National Average	UHB	National Average	
KF24. Percentage of staff/colleagues reporting most recent experience of violence	69%	Not available	62%	67%	No change statistically from 2015
KF20. Percentage of staff experiencing discrimination at work in last 12 months	12%	10%	13%	11%	No change statistically from 2015
KF23. Percentage of staff experiencing physical violence from staff in last 12 months	2%	2%	2%	2%	No change statistically from 2015
KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	88%	87%	86%	87%	No change statistically from 2015
KF19. Organisation and management interest in and action on health and wellbeing	3.56 On a 1 - 5 scale	3.57 On a 1 - 5 scale	3.60	3.61	No change statistically from 2015

Staff Survey Action Plan

Division	Area to be addressed	Action Points	Lead	Timescale
All	**Staff survey response rate**	Ensure the staff surveys and reminders are distributed properly. Ensure staff are reminded by management about the importance of staff feedback to the Trust.	Divisional Management Team and Clinical Service Leads	October 2017
All	**Health and Wellbeing**	Ensure that the Trust's health and wellbeing initiatives are communicated to staff	Divisional Management Team and Clinical Service Leads	October 2017
A	**Cannot meet conflicting demands on my time at work**	Improve communication channels between senior management and staff. Ensure that management has a better understanding of the workload of their employees.	Divisional Management Team and Clinical Service Leads	October 2017
A	**In the last month, saw errors/near misses/incidents that could hurt patients**	Ensure that staff understand the communication channels to report errors.	Divisional Management Team and Clinical Service Leads	October 2017
B	**Have experienced MSK problems as a result of work**	Ensure staff are aware of Staff Access physiotherapy service and are appropriately trained for job role.	Divisional Management Team and Clinical Service Leads	October 2017
B	**Harassment, bullying, abuse or physical violence from patients/relatives**	Ensure staff are aware of the channels available for raising concerns about harassment, bullying or abuse. Ensure staff are aware of reporting abuse and divisional follow through advising of support available. Make sure staff are aware of staff support.	Divisional Management Team and Clinical Service Leads	October 2017
C	**Harassment, bullying, abuse or physical violence from patients/relatives**	Ensure staff are aware of the channels available for raising concerns about harassment, bullying or abuse. Ensure staff are aware of reporting abuse and divisional follow through advising of support available. Make sure staff are aware of staff support.	Divisional Management Team and Clinical Service Leads	October 2017

C	Work related stress	Ensure all staff are aware of work related stress resources available through the Trust	Divisional Management Team and Clinical Service Leads	October 2017
D	**Harassment, bullying, abuse or physical violence from patients/relatives**	Ensure staff are aware of the channels available for raising concerns about harassment, bullying or abuse. Ensure staff are aware of reporting abuse and divisional follow through advising of support available. Make sure staff are aware of staff support.	Divisional Management Team and Clinical Service Leads	October 2017
Corporate	**No training, learning or development in the last 12 months**	Improve communication of development opportunities within the Trust. Encourage staff to take training opportunities.	Departmental Management Teams	October 2017
Corporate	**Training, learning or development needs not identified in appraisal**	Staff and managers need to use the appraisal to set development goals. Ensure that staff are aware of all the development opportunities available to them. Management to assess their staff's appraisals in comparison to previous years' appraisals to establish whether staff are developing in their role.	Departmental Management Teams	October 2017

Sickness Comparator Data

Acute Sickness Comparator

	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Birmingham Children's Hospital NHS Foundation Trust	3.89%	3.79%	3.82%	3.56%	3.21%	3.20%	3.36%	3.03%	3.03%	3.54%	3.93%	4.36%
Birmingham Community Healthcare NHS Foundation Trust	5.81%	5.73%	5.36%	5.27%	5.01%	5.01%	5.18%	5.19%	5.16%	5.45%	5.59%	5.95%
Burton Hospitals NHS Foundation Trust	4.51%	4.12%	3.93%	3.82%	3.75%	3.88%	3.92%	3.86%	3.54%	4.02%	4.05%	4.09%
Dudley and Walsall Mental Health Partnership NHS Trust	4.78%	5.06%	4.43%	4.39%	4.84%	4.82%	5.30%	5.21%	5.04%	3.92%	3.72%	3.66%
George Eliot Hospital NHS Trust	4.01%	4.23%	4.08%	3.85%	3.66%	3.88%	4.05%	4.02%	3.87%	4.57%	4.64%	4.49%
Heart of England NHS Foundation Trust	4.78%	4.82%	4.44%	4.37%	3.99%	4.15%	4.21%	4.06%	4.35%	4.43%	4.29%	4.73%
Royal Wolverhampton NHS trust	5.16%	5.11%	4.90%	4.39%	4.14%	4.13%	4.28%	4.29%	4.22%	4.64%	4.84%	4.88%
Sandwell and West Birmingham Hospitals NHS Trust	5.24%	4.92%	4.81%	4.34%	4.23%	4.16%	4.11%	4.32%	4.17%	4.61%	4.82%	5.03%
Shrewsbury and Telford Hospital NHS Trust	4.56%	4.39%	4.35%	3.86%	3.45%	3.62%	3.97%	3.66%	3.78%	4.33%	4.34%	4.29%
South Warwickshire NHS Foundation Trust	4.20%	4.37%	4.18%	4.20%	3.83%	3.70%	3.78%	3.94%	4.20%	4.49%	4.87%	4.71%
University Hospitals Birmingham NHS Foundation Trust	4.45%	3.99%	3.86%	3.87%	3.83%	3.87%	3.82%	3.93%	4.17%	4.52%	4.45%	4.59%
University Hospitals Coventry and Warwickshire NHS Trust	4.78%	4.54%	4.26%	3.83%	3.79%	3.87%	3.73%	3.56%	3.69%	3.94%	4.39%	4.40%
University Hospitals of North Midlands NHS Trust	4.45%	4.31%	4.19%	4.07%	3.99%	4.16%	4.11%	4.11%	4.07%	4.42%	4.51%	4.81%
Worcestershire Acute Hospitals NHS Trust	4.70%	4.38%	4.08%	3.85%	4.04%	3.70%	4.14%	4.03%	3.92%	4.55%	4.79%	5.00%

Data from NHS Digital – latest data only published up to December 2016

Casework Outcomes for Cases closed April - March 2016/17

Disciplinary			
Outcome of Disciplinary Process	**2014/15**	**2015/6**	**2016/17**
Dismissal	22	15	16
Final Written Warning	16	21	23
First Written Warning	41	24	13
Verbal Warning	8	3	1
Pre-disciplinary Counselling	4	2	4
No Case to Answer	14	8	10
Resignation	6	13	11
Other	-	-	5*
TOTAL	**111**	**86**	**83**

Harassment			
Outcome of Harassment & Bullying Process	**2014/15**	**2015/16**	**2016/17**
Formal Disciplinary Warning	1	2	1
Not Upheld	7	2	2
Pre-disciplinary Counselling	0	0	0
Resignation	0	1	3
Ongoing/Withdrawn	0	0	0
TOTAL	**8**	**5**	**6**

Grievance			
Outcome of Grievance Process	**2014/15**	**2015/16**	**2016/17**
Upheld	1	2	1
Not Upheld	3	7	10
Withdrawn/ Resolved Informally	9	1	4
Partly Upheld/Moved to alternative policy	0	0	1
TOTAL	**13**	**10**	**16**

MHPS Outcome of Disciplinary and Conduct Process	**2014/15**	**2015/16**	**2016/17**
Dismissal	1	1	2
Final Written Warning	4	0	1
First Written Warning	1	0	1
Pre-disciplinary Counselling	1	2	3
No case to answer	1	4	2
Resignation	1	2	1
TOTAL	**9**	**9**	**10**

MHPS Outcome of Harassment Process	**2014/15**	**2015/6**	**2016/17**
First Written Warning	0	1	0
Pre-disciplinary Counselling	1	1	0
TOTAL :	**1**	**2**	**0**

*(death in service, commenced maternity leave, dismissed via sickness policy)