UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Thursday 25 July 2013

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 2012/13
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 4 main themes of the Workforce strategy: • Workforce Transformation • Workforce Governance • Workforce Operations • Medical Workforce
Recommendations	The Board of Directors is asked to: 1. Accept the 2012/13 Workforce Report 2. Approve the publication of the Annual Workforce Report
Approved by:	Tim Jones	Date: 17 July 2013

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

ANNUAL WORKFORCE REPORT

PRESENTED BY THE EXECUTIVE DIRECTOR OF DELIVERY

1. **Purpose**

   The Annual Workforce Report (Appendix 1) aims to provide the Board of Directors with a review of the progress made during 2012/13 in developing the workforce at 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 4 key themes underpinning UHBFT workforce strategy, progress made in delivering against the themes and the priorities for 2013/14. The four themes are workforce transformation, workforce governance, workforce operations and medical workforce.

   2.1 Workforce Transformation

   There have been more than 60 workforce transformation projects undertaken in the last year with the main focus being to support the delivery of the flexible and effective workforce required by the modern NHS. New ways of working and innovative workforce strategies have been successfully implemented.

   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 and audits to ensure compliance with legal requirements/policies. Work collaborating and engaging with 3rd sector organisations has continued which supports the Trust's Equality and Diversity strategy and the Equality Delivery System. Further health and wellbeing initiatives have been implemented to support staff and improve staff engagement.

   2.3 Workforce Operations

   The main focus of the workforce operations theme was to further streamline all workforce processes to improve efficiency and minimise any delays in transactional workforce processes such as minimising the average time to hire, 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. The second phase of the staff portal "Me@QEHB" has been in the planning and development phases with delivery of the Learning Management System and Health & Well Being portals in summer 2013 and the Electronic Staff File expected in the winter of 2013/14.

The main priority for Medical Workforce was to continue to embed the UHB Medical Workforce Strategy. Work has continued around influencing national discussions on training and contractual arrangements to achieve the required medical workforce needed to run services. In addition, the team has reviewed the use of Maintaining High Professional Standards (MHPS) in the light of legal cases and work with other Trusts to review/seek amendments to the MHPS framework.

3. **Conclusion**

The expansion of clinical services and the decision to minimise external agency by increasing the numbers of substantively employed staff at the Trust has led to a significant increase (6.6%) in our permanent workforce during the year.

This, together with continuous review and embedding of services within the Trust has presented many workforce challenges and opportunities. Continuous improvement has been delivered against the main workforce performance indicators and we have continued to broaden our Health and Wellbeing initiatives for staff. Our staff survey results are amongst the best in the country and our staff continue to perform to a high level to enable us to deliver the best in care.

4. **Recommendations**

The Board of Directors is asked to:

4.1 Accept the 2012/13 Workforce Report.

4.2 Approve the publication of the Annual Workforce Report.

Tim Jones
Executive Director of Delivery

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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

ANNUAL WORKFORCE REPORT 2012/13

Introduction:

The annual workforce report detailed below outlines the main workforce issues faced by University Hospitals Birmingham NHS Foundation Trust during 2012/13 and how it has responded to these challenges. The report also includes workforce statistical information for the year ending March 2013.

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

a) Ensure that the Trust has high quality deliverable workforce plans;
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) Further develop health and wellbeing initiatives for staff;
e) Continue the development of 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 2012/13 was to continue to support the challenges of the current and future NHS which require new ways of working and innovative workforce strategies to create a flexible workforce.

2. Workforce Governance – 2012/13 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 as well as reduce the overall sickness rate.

4. Medical Resourcing - The main priority for Medical Resourcing was to continue to embed the UHB Medical Workforce Strategy. Work has continued around influencing national discussions on training and contractual arrangements to achieve the required medical workforce needed to run services. In addition, the team has reviewed the use of Maintaining High Professional Standards (MHPS) in the light of legal cases and work with other Trusts to review/seek amendments to the MHPS framework.

Progress against the delivery of these three themes and the priorities for 2013/14 are detailed below.

Workforce Planning

During 2012/13 a member of the Transformation Team coordinated the completion of the Trust's annual workforce plan which identified the supply and demand requirements for all staff groups. The information was presented by specific staff groups. The workforce plan identified and described the workforce implications of implementing the Cluster System Plan /Long Term Sustainability Model (LTSM) and identified the commissioned activity requirements for the Trust.

The workforce plan was submitted to the Clinical Commissioning Groups (CCG) and the now defunct Strategic Health Authority (SHA) as part of the WM regional assurance requirements. The workforce plan provided detail on the overall impact on the workforce demand of delivering commissioned services and provided detail on workforce capacity to deliver commissioned services.

The workforce plans were 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 was signed off at Executive level before submission to the CCG and SHA.

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.

<u>Workforce Transformation</u>

The Transformation Team have been involved in over 60 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. Multi-disciplinary and staff group specific planning meetings are held on a regular basis and include Human Resources, Medical, Nursing and Clinical and Non-Clinical support managers. For example, there are monthly Nursing Workforce meetings that are attended by Senior Nurses and a Workforce Transformation representative.

The Trust's organisational change procedure clearly identifies the procedure for communicating and implementing workforce and service change. This robust procedure has been developed in partnership between management and staff side. Workforce plans and service changes are routinely shared with staff side and

any workforce change follows a robust consultative process as outlined in the organisational change policy and procedure.

The projects cover 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 included:

Nursing

- Development and implementation of generic job descriptions for all Band 2 and 3 Nurse Auxiliary staff. All new appointees to these post were issued with the new job description from January 2013;
- Restructure of the Critical Care Practice Development Team, this project also reviewed the work streams of both Critical Care and Theatres PDN teams to enable a consistent approach to practice development and a sharing of core activities across both areas;
- Harmonisation of Theatre shift patterns and on-call/out of hours duties across all Theatres teams;
- Extended working days in Endoscopy;
- Amendments to on-call provision and extended working days in Catheter Laboratory and Coronary Care;
- Changes to shift patterns in Cardiac Rehabilitation;
- Implementation of the 24/7 Project including establishment of the Site Manager role, extension of the hours of work in the Critical Care Outreach team to become the Urgent Care Team and a review of the Night Sisters hours of work;
- Reviewed Outpatient Services workforce, recruitment and training plan.

Clinical Support

These staff groups include Imaging, Therapies, Pharmacy, Laboratory Services, Medical Engineering and Medical Physics.

A number of organisational change projects were undertaken to extend working hours and the working week of different support services, to recognise the requirement of service delivery changes.

These areas included:
- Pharmacy;
- Therapies Department;
- Operating Theatres;
- Imaging;
- Ambulatory Theatres;
- Laboratory Services;
- Other Clinical Services.

Additional Projects included:

- Completion of Phase 1 of the sexual health service integration agenda;
- Completion of the workforce elements to continue to embed the Major Trauma Centre;
- A review of the outpatients workforce plan to ensure a flexible workforce to support delivery of services.

Non Clinical Support Services

These staff groups include Administrative and Clerical and Facilities staff.

- Review of Cancer Services support staff;
- Review of Learning Hub structure;
- TUPE transfer of Cancer Research Network;
- Implementation of the 24/7 Project and the removal the Bed Manager role;
- Switchboard workforce review;
- Review of 24/7 working practices within the Medical Records Library and introduction of 12 hour shifts Monday to Friday and 10am-3pm shifts on Saturdays and Sundays;
- Booking Centre relocation from Selly Oak Hospital to Melchett Road.

Workforce Transformation Priorities for 2013/14

The priorities for the Workforce Transformation team include:

- Review of senior management structures in Critical Care, Theatres and Pharmacy;
- Reviewing workforce plans and implementation of new shifts for Imaging Department and Theatre Recovery;
- Review of the methods of service delivery, work patterns and workforce skill mix requirements in Laboratory services;
- Changes to shift patterns and hours of work in the Pharmacy Department;
- Review of the Histopathology Department structure;
- Extension of working hours to 6 days working in Speech and Language Therapy;
- Develop workforce elements to support the GP Tender bid;
- Reconfiguration of ways of working and structures in Critical Care to include skill mix and staffing review;
- Transfer of staff in the Immunology Service to University of Birmingham;
- Imaging MRI staffing restructure and changes to shift patterns;
- Development of Radiology medical/clinical workforce to introduce Consultant Radiographer posts;
- Transfer of Pharmacy and IT staff to Birmingham Women's Hospital following that trust's decision to withdraw from the service level agreement;
- Further development of Physicians Assistant roles in Anaesthetics and Critical Care;
- Managing the workforce planning process for the 2013-18 annual workforce planning return to Health Education West Midlands;

- Restructure of the Imaging Medical Secretaries team following the introduction of voice recognition software;
- Review of Financial Accounts;
- Review of Night Housekeeping Assistants;
- Review of Medical Secretaries Team Leaders;
- Transfer of critical care and trauma network Team from Walsall PCT to UHB;
- Review of activity for all outpatient clinics and to review the impact of ongoing technological developments. To review and adapt workforce , recruitment and training plans to ensure they support activity and deliver service models;
- Develop an integrated Sexual Health Service with a flexible workforce to meet the changing service needs;
- Embed the Major Trauma Centre work into the operational work of the hospital;
- Review of Renal Dialysis service commencing 2013-2015;
- Review of Medical Photography structure;
- Review of Clinical Governance structure and separation into compliance and risk.

Redundancies

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

Medical Workforce

UHB's Medical Workforce Strategy has focussed on providing a high quality clinical and educational environment to support our medical staff in providing care to our patients.

The main challenge facing the Trust has been to ensure all medical posts are filled in a timely manner by substantively employed staff and a reduced reliance on locum doctors. To support the strategy the trust has continued to develop and grow its unique Junior Specialist Doctor (JSD) grade to meet shortfalls in training numbers due to vacancies on the regional training programme or a lack of suitable training places in a specialty due to national workforce planning priorities. A further innovative programme introduced at the Trust is the International Fellows scheme which aims to attract international doctors to undertake fellowship programmes at the Trust prior to completing their domestic training.

A 5 day shadowing programme for Foundation Year 1 doctors prior to employment in August each year was introduced in August 2012 by Medical Education England (MEE). The programme was undertaken at the Trust via a bursary scheme.

UHB continues its input into national workforce planning discussions – there has been a General Medical Council (GMC) led consultation on the Future Shape of Medical Training; meetings to review the consultant contract in the light of the Doctors' and Dentists' Review Body (DDRB) Report in January 2013. All are likely to have a significant impact on the medical workforce but all also likely to take some time before formal proposals are identified.

There has been some internal reorganisation of work within the Trust as GMC registration checking and checking of honorary contracts for medical staff moved from First Contact Team to the Medical Resourcing Team to ensure a consistency of approach.

Medical Resourcing Priorities for 2013/14

- Review the Conduct and Capability Procedures for Maintaining High Professional Standards in the Modern NHS (MHPS);
- Facilitate the move of JSD work into the Medical Resourcing Team to run parallel systems for recruiting and organising junior doctors
- Review Honorary Contract arrangements;
- Seek to influence national decision makers on the workforce planning, grading structures for medical staff and contractual discussions.

Workforce Governance

Equality and Diversity

A review of the Diversity statistics at 31st March 2013 show that the proportion of non-white staff members has increased slightly to 27.68% compared to 26.91% last year. The two most useful comparisons available are the Birmingham Census of 2011 which reported that 42.07% of Birmingham was of a non-white background, and the 2006 West Midlands Public Health Observatory statistics which stated that 23.35% of the population in the West Midlands was of a non-white background. A more detailed breakdown can be found in Appendix 1.

At 31st March 2013, 1.93% (156) 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 37.4% chose not to disclose.

The gender breakdown of staff as at 31st March 2013 was 71.43% female and 28.57% male.

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. In addition to Sense, Autism West Midlands and Restore, UHB has broadened its engagement with the Refugee and Asylum seeker groups such as the Refugee Council. Additionally we are supporting Guide Dogs for the Blind and Action for Blindness. A Guide Dogs rest area has been established at the main reception of the New Hospital enabling blind

and partially sighted people to visit departments, where a dog may not be admitted, in the full knowledge that their dog is safe and looked after.

National Staff Survey

The annual staff survey was conducted by the Department of Health and distributed to a sample of staff between September and December 2012. In addition to the Department of Health sample, the Trust decided to give all staff the opportunity to complete the survey. The results from both surveys were comparable.

The responses were grouped into 28 key finding areas (38 key findings in 2010 and 2011) 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 and compared with our 2010 and 2011 results as follows.

	Top 20%	Above average	Average	Below Average	Worst 20%	Total
2012	11	7	8	2	0	28
2011	8	13	10	5	2	38
2010	22	8	4	4	0	38

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

This year's results were very positive with the Trust scoring in the top 20% or above average in 18 of the 28 areas. There were no scores in the bottom 20% of acute trusts. An action plan to target areas for improvement has been developed and will be monitored by the Strategic Delivery Group on a quarterly basis.

The Trust's results in comparison to other Shelford group trusts were very favourable with UHB scoring joint second in the number of findings either above average or in the top 20%. UHB was the only trust to have no scores in the bottom 20% of key findings. A breakdown of results can be found on Page 30.

Similarly, the results in comparison to other local trusts were also very favourable with only one trust having more findings either above average or in the top 20% of trusts. A breakdown of results can be found on Page 31.

2013 Staff Survey Action Plan

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

- Response rates by staff group and Division;
- Divisional action plans based around problem areas for that Division.

The action plan can be found in Appendix 2.

Workforce Policies and Procedures

A number of workforce policies and procedures were revised during 2012/13, 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 and Care Professionals Council (HCPC) 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

Formal complaints of whistleblowing are reported to the HR Governance team prior to investigation. There was one such complaint in the period April 2012 – March 2013.

Health and Wellbeing

Fruit and Vegetable Stall

In June 2012 a fruit and vegetable stall was established adjacent to the main entrance which enables staff, patients, visitors and local people to purchase fresh fruit and vegetables.

Farmers' Market

Following the success of the fruit and vegetable stall, a Farmers' Market was started in November 2012. This is held on the last Wednesday of each month. It has grown from eight stalls to the current eighteen. Key to the establishment of the market was the desire to provide staff, visitors, patients and local people with

access to locally produced produce as well as supporting local business. Many of the businesses are regulars at the Region's Farmers Markets but others are new to selling their produce. Three stalls are run by social enterprises, two (Frost and Snow and Change Kitchen) assisting homeless people and one (Park Lane Nurseries) people with mental health needs. The social enterprise aspect is important to UHB to continue our support for the local communities which we serve in alternative ways, not just healthcare provision.

Mindfulness

UHB is committed to the psychological as well as the physical support of its staff. Mindfulness is a way of helping people focus on the present moment by using meditation, yoga and breathing techniques. It involves consciously bringing awareness to our thoughts, feelings and actions, without making judgments about them.

By paying attention to our thoughts and feelings in this way, we can become more aware of them, less wrapped up in them, and more able to manage them. Rather than struggling with our thoughts and feelings, or reacting impulsively to them, we can notice them in a compassionate and interested way. Mindfulness is being trialled on ward 621. It is hoped that the outcome will support previous research that shows a mindful workforce has reduced sickness absence, reduced levels of stress, is more resilient and is more compassionate.

Weight Watchers

Weight Watchers have been running on-site sessions for staff since December 2011. Over 100 staff have signed up so far and between them have lost a total of 150 stones. Research shows that Weight Watchers is more cost effective and has better results than GP led weight loss programmes.

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

Terms & Conditions of Employment:

On-call Payments

Following the failure of the National Staff Council to reach agreement on on-call provisions, the onus is on individual Trusts to reach agreement on future payments locally. Detailed scoping has been carried out in order to compare and evaluate the option of either Agenda for Change percentage payments or a unified flat rate of payment. We expect to commence engagement with staff in late spring/summer of this year with a resolution by autumn 2013.

Changes to Agenda for Change National Terms and Conditions

New arrangements for staff employed on Agenda for Change terms and conditions came into effect on 31st March 2013. These were:

- Progression through all incremental pay points in all pay bands to be conditional on individuals demonstrating that they meet locally agreed

performance requirements in line with a proposed new Annex addition to the handbook.

- For staff in bands 8C, 8D and 9, pay progression into the last two points in a band will become annually earned and only retained where the appropriate local level of performance is reached in a given year.
- The removal of accelerated pay progression associated with preceptorship for staff joining pay band 5 as new entrants.
- The scope to put in place alternative, non-AfC pay arrangements for band 8C and above.
- A new Annex 5 giving guidance on the principles to be followed regarding workforce re-profiling, including the need to follow the processes set out in the NHS Job Evaluation Handbook and the new application of local organisational change policies to protect staff in cases of staff redeployment into lower grade posts.
- Pay during sickness absence will be paid at basic salary level – not including any allowance or payments linked to working patterns or additional work commitments. This change will not apply to staff who are paid on spine points 1 – 8 of AfC, or to those whose absence is due to work-related injury or disease.

The changes to sick pay have been implemented and work is underway to develop a local procedure regarding incremental pay progression.

Industrial Action

2012 saw a continuation of industrial action by NHS staff albeit on a much smaller scale than that the main strike in November 2011 where staff went on strike in protest against the Government's proposed changes to public sector pensions. There was a day of 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 both days was minimal.

Workforce Governance Priorities for 2013/14

- Continue the roll out of Equality Delivery System which will enable the Trust to fulfil its duties under the Equality Act 2010;
- Continue to work with 3rd sector groups to share knowledge and expertise and provide training on various equality and diversity topics;
- Introduction of a Trust wide diversity questionnaire to improve monitoring data;
- 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;
- Develop an audit programme for work undertaken by the HR department;
- The roll out of the Me@QEHB staff wellbeing portal;
- Work with IT to develop an electronic staff file system to enable the Trust's governance responsibilities to be more effectively met;
- Resolution of on-call payments;

- Roll out of a pay progression procedure following changes to national Agenda for Change terms and conditions.

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. The team monitor professional registrations for staff registered with Nursing and Midwifery Council (NMC), Health and Care Professionals Council (HCPC) and General Pharmaceutical Council (GPhC).

The team also monitor post employment checks for staff that require a biometric permit ensuring that they have the correct documentation to work. In July 2012 the Trust was audited by the UK Border Agency to check the effectiveness of Trust processes around work permits. The Trust was awarded an" A" rating following this audit.

Between April 2012 and March 2013, the First Contact team handled 5551 calls and 8540 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. The First Contact Team referred 512 new sickness cases to the Employee Service Team.

The First Contact team are also responsible for processing new starter forms (for non-medical staff) to ensure new starters are paid correctly and on time. From April 2012 to March 2013, 1727 new starter forms were processed (this includes substantive and Locate staff) and 733 honorary contracts for non-medical staff.

Employee Services

Sickness Absence

The Trust's sickness absence rate for 2012/13 was 3.89% which is a slight reduction from 2011/12 where the rate was 3.96%. We are working closely with managers to reduce the absence rate further by implementing the Sickness and Attendance Management Procedure and educating managers to implement strategies to encourage attendance.

The absence rate for Additional Clinical Services staff (Nursing Auxiliaries) remains high but has reduced from 7.35% in 2011/2012 to 6.68% in 2012/13. Qualified nursing staff sickness in the same period has reduced from 4.48% to 4.35%.

In the period April 2012/2013 the Employee Services team has increased its sickness case load from 514 cases to 807 cases, these are being actively managed under the sickness process. Of these 133 are long term sickness cases and 674 are short term sickness cases. 21 staff were dismissed through the sickness absence procedure in the period April 2012/2013.

Casework (Disciplinary, Grievance & Harassment Cases)

There were a total of 94 formal cases in 2012/13. Of the 94 cases 72 were disciplinary cases, 6 were grievance cases and 16 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	2011/2012		2012/2013	
	Number of cases	Average length of case	Number of cases	Average length of case
Disciplinary	86	11	72	10
Harassment	15	14	16	14
Grievance	19	7	6	14
Total	120	10.6	94	12.6

This slight increase has been affected by a small number of complex grievance cases.

Poor Performance Cases

In April 2012 there were 12 formal poor performance cases there were 11formal poor performance cases as at April 2013. The department has written a new training course for managers which was launched in April 2013 and is run on a monthly basis.

Employment Tribunal Cases

There were 6 Employment Tribunal cases either listed during this financial year or carried forward from last year. During the year 1 case was settled, 1 withdrew, 2 were successfully defended and 2 are ongoing.

People Management Training

From April 2012 to March 2013 Human Resources delivered the following programme of training:

- Essential Skills for People Management including Prevention of Harassment & Bullying;
- Recruitment and Selection;
- Sickness Absence Management.

Poor Performance interactive sessions also took place throughout May, June and July 2012.

During the financial year Human Resources had 395 attendees on the courses above. The programme of training has been reviewed and refreshed for April 2013 and an additional half day course for Managing Performance is now running monthly for managers.

Me@QEHB

The portal continues to be accessed regularly by staff. Between April 2012 and March 2013 7021 staff accessed the portal. The range of hits on the portal across a 24/7 period remains at 250 – 300 hits peak time and 25 – 50 hits out of hours. The number of users has grown considerably and now well over 75% of the workforce are using the portal or have used it at least once.

Staff Group	Number of staff accessing portal 2011/12	Number of staff accessing portal 2012/13
Add Prof Scientific and Technical	261	318
Additional Clinical Services	550	707
Administrative and Clerical	1496	1677
Allied Health Professionals	399	470
Estates and Ancillary	78	107
Healthcare Scientists	288	330
Medical and Dental	466	689
Nursing and Midwifery Registered	1663	1945
Staff Group undefined	547	778
Total	**5748**	**7021**

The second phase of the project will see the launch of 3 new modules across 2013/14.

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. Expected delivery in Summer 2013.

Health & Well-Being Portal – This module focuses on using the Me@QEHB portal to centralise the information staff are able to access staff services within the Trust, such as self referral to physiotherapy, dietetic and staff support. Me@QEHB portal will also provide a search facility for staff to access robust, scientifically proven website information relating to obesity, hypertension, diabetes, exercise and injury. Centralising information about these services will offer staff an opportunity to make fully informed choices to support them in improving their health and well being. Delivery is expected in Summer 2013.

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

governance requirements. The system follows the success of the electronic patient record.

HR Operations Priorities for 2013/14

- Support the Master Staff Index Project to improve data quality and reporting structures in the Electronic Staff Record
- Work with the Health Informatics Team to monitor First Contact activity i.e. calls, emails, honorary contracts, HR1s and exit interviews.
- 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 2014.
- Pro-actively promote Ask HR to reduce the number of calls in to the First Contact Team and monitor the number of hits ASK HR receives.
- Monitor the impact of the new performance management training and the number of poor performance case referrals
- 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
- Streamline processes with the aim of reducing the time to hire
- 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 the nursing recruitment drive in respect of mass recruitment to the revitalisation of wards in the old Queen Elizabeth Hospital

Staff in post at March 2013

At 31st March 2013, there were 8086 staff in post (7587 in 2012).

For the year 2012/2013, staff turnover was 8.37% (8.30% in March 2012). This is broken down by staff group and demographics in Appendix 2. These figures exclude doctors in training, JSDs and bank staff.

Conclusion

The expansion of clinical services at the Trust has led to a significant increase (6.6%) in our permanent workforce during the year.

This, together with continuous review and embedding of services within the Trust has presented many workforce challenges and opportunities. Continuous improvement has been delivered against the main workforce performance indicators and we have continued to broaden our Health and Wellbeing initiatives for staff. Our staff survey results are amongst the best in the country and our staff continue to perform to a high level to enable us to deliver the best in care.

Workforce Statistics at 31st March 2013

1. Ethnic Origin

Ethnicity	Number	(%)
A British	5190	64.19%
B Irish	134	1.66%
C Any other White background	419	5.18%
D White & Black Caribbean	68	0.84%
E White & Black African	14	0.17%
F White & Asian	30	0.37%
G Any other mixed background	61	0.75%
H Indian	531	6.57%
J Pakistani	181	2.24%
K Bangladeshi	35	0.43%
L Any other Asian background	356	4.4%
M Caribbean	256	3.17%
N African	211	2.61%
Not known	1	0.01%
P Any other Black background	149	1.84%
R Chinese	73	0.9%
S Any other ethnic group	272	3.36%
Z Not Specified	105	1.3%
Total	**8086**	**100%**

2.   Disability

Disability	Number	(%)
No	4906	60.97%
Not Declared	3023	37.39%
Undefined	1	0.01%
Yes	156	1.93 %
Grand Total	**8086**	**100 %**

3.   Age

Age Range	Number	(%)
18 - 24	561	6.94%
25 - 29	1000	12.37%
30 - 34	1109	13.72%
35 - 39	1093	13.52%
40 - 44	1125	13.91%
45 - 49	1094	13.53%
50 - 54	959	11.86%
55 - 59	674	8.34%
60 - 64	356	4.4%
65 +	115	1.42%
Grand Total	**8086**	**100 %**

4.   Gender

Gender	Number	(%)
Female	5776	71.43 %
Male	2310	28.57 %
Grand Total	**8086**	**100**

5.   Sexual Orientation

Sexual Orientation	Number	(%)
Bisexual	41	0.51%
Gay	46	0.57%
Heterosexual	4821	59.62%
Not disclosed	3152	38.98%
Lesbian	24	0.3%
Undefined	2	0.02%
Grand Total	**8086**	**100**

6.   Religious Belief

Religious Belief	Number	(%)
Atheism	489	6.05%
Buddhism	36	0.45%
Christianity	3272	40.47%
Hinduism	219	2.71%
Not disclosed	3186	39.4%
Islam	301	3.72%
Jainism	7	0.09%
Judaism	8	0.1%
Other	399	4.93%
Sikhism	168	2.08%
Undefined	1	0.01%
Total	**8086**	**100**

7.   Turnover 2012/13

Staff Group	Leavers	Av HC	Turnover %
Add Prof Scientific and Technical	30	346	8.67%
Additional Clinical Services	74	1005	7.36%
Administrative and Clerical	153	1626	9.41%
Allied Health Professionals	36	458	7.86%
Estates and Ancillary	59	735	8.03%
Healthcare Scientists	35	379	9.23%
Medical and Dental	38	385	9.87%
Nursing and Midwifery Registered	174	2225	7.82%
Total	**599**	**7159**	**8.37%**
NOTE: Excludes Doctors in Training, JSDs and Bank Staff			

Ethnicity of Leavers	Number
A British	374
B Irish	9
C Any other White background	72
D White & Black Carribean	3
E White & Black African	1
F White & Asian	2
G Any other mixed background	5
H Indian	24
J Pakistani	14
K Bangladeshi	8
L Any other Asian background	17
M Caribbean	20
N African	19
P Any other Black background	9
R Chinese	3
S Any other ethnic group	17
Z Not Specified	2
Total	**599**

Gender of Leavers	Number
Female	463
Male	136
Total	**599**

Disability	Number
Yes	23
No	379
Not Stated	197
Total	**599**

BREAKDOWN OF STAFF SURVEY 2012 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 2011. The Department of Health determines this status.

Highest (Best) 20%	2012 Score	2011 Score	+/-	National Average
% feeling satisfied with the quality of work and patient care they are able to deliver	86%	76%	⬆	78%
% agreeing that their role makes a difference to patients	94%	91%	⇔	89%
Work pressure felt by staff (lower score better)	2.88	N/A	N/A	3.08
Effective team working	3.78	3.75	⇔	3.72
% receiving job relevant training, learning or development in the last 12 months	84%	N/A	N/A	81%
% suffering work-related stress in the last 12 months (lower score better)	29%	25%	⇔	37%
% feeling pressure in last 3 months to attend work when feeling unwell (lower score better)	25%	22%	⇔	29%
% reporting good communication between senior management and staff	33%	N/A	N/A	27%
% of staff able to contribute towards improvements at work	71%	61%	⬆	68%
Staff job satisfaction	3.64	3.52	⬆	3.58
Staff recommendation of the trust as a place to work or receive treatment	3.93	3.80	⬆	3.57

Above average/ Below average (better than)	2012 Score	2011 Score	+/-	National Average
% having well structured appraisals in the last 12 months	39%	38%	⇔	36%
% witnessing potentially harmful errors, near misses or incidents in the last month (lower score better)	31%	34%	⇔	34%
% reporting errors, near misses or incidents in the last month	92%	94%	⇔	90%
% experiencing physical violence from staff in the last 12 months (lower score better)	2%	N/A	N/A	3%
% experiencing harassment, bullying or abuse from patients/relatives/public in the last 12 months (lower score better)	29%	N/A	N/A	30%
% experiencing harassment , bullying or abuse from staff in the last 12 months (lower score better)	23%	N/A	N/A	24%
% of staff believing the Trust provides equal opportunities for career progression or promotion	90%	92%	⇔	88%

Average	2012 Score	2011 Score	+/-	National Average
% appraised in the last 12 months	83%	78%	⟺	84%
Support from immediate managers	3.61	3.63	⟺	3.61
% receiving health & safety training in last 12 months	72%	91%	⬇	74%
% saying hand washing materials are always available	59%	60%	⟺	60%
Fairness and effectiveness of incident reporting procedures	3.49	3.50	⟺	3.50
% experiencing physical violence from patients/ relatives/public in the last 12 months (lower score better)	15%	N/A		15%
Staff motivation at work	3.86	3.89	⟺	3.84
% of staff having equality and diversity training in the last 12 months	57%	39%	⬆	55%

Below average/ Above average (worse than)	2012 Score	2011 Score	+/-	National Average
% working extra hours	73%	67%	⟺	70%
% experiencing discrimination at work in the last 12 months (lower score better)	15%	17%	⟺	11%

Highest/Lowest (Worst) 20%	2012 Score	2011 Score	+/-	National Average
No areas	N/A	N/A	N/A	N/A

Findings from the Staff Survey 2012

Response Rates

The overall response rate was 55% which was a 10% improvement from 2010. There were significant variances in the response rates by division and staff group. The divisional response rates were as follows:

- Corporate – 59.9%
- Division A - 40.7%
- Division B – 38.1%
- Division C – 40.4%
- Division D – 37.7%

The breakdown of responses by staff group is shown below:

- Add Prof Scientific and Technical – 40.38%
- Additional Clinical Services – 27.63%
- Administrative and Clerical – 65.99%
- Allied Health Professionals - 62%
- Estates and Ancillary – 56.64%
- Healthcare Scientists – 63.27%
- Medical and Dental – 28.57%
- Nursing and Midwifery Registered – 37.59%

Local Questions

The local questions which the Trust added to the national survey were mainly structured around the Trust's visions and values. The responses to the local Trust questions were positive overall.

89.6% take responsibility for meeting the Trust's visions and values.
97.1% of staff felt that they treat their colleagues with respect and courtesy and 81.3% of staff felt that they are treated with respect and courtesy by their colleagues. 61.5% of staff felt that they were appreciated by their manager for the work that they do.

20.3% of staff felt that in the last 12 months the Trust has cared more about their health and wellbeing.

63% of staff receive monthly team brief.

STAFF SURVEY ACTION PLAN 2013

Area to be addressed	Action Points	Lead	Timescales	Comment
Increase response rates	Increase medical response rates	Dave Rosser – Medical Director	October 2013	Response rates decreased in 2012
	Increase response rates of qualified and unqualified nursing staff	Kay Fawcett – Director of Nursing	October 2013	
	Increase Divisional response rates	Andrew McKirgan – Chief Operating Officer	October 2013	
Specific Action Plans				
Division A	Appraisal levels to be at least 90% in all areas	Divisional Management Team	Monthly exception report	These areas have been highlighted as areas for the Division to focus on in 2013
	Line managers to be trained in Appraisal Process.	Divisional Management Team	July 2013	These areas have been highlighted as areas for the Division to focus on in 2013
	All Appraisals to have objectives set.	Divisional Management Team	July 2013	These areas have been highlighted as areas for the Division to focus on in 2013
	Reported violence and aggression incidents to be monitored and staff offered further support via formal letter	Divisional Management Team	August 2013	These areas have been highlighted as areas for the Division to focus on in 2013
	Staff to be informed at team meetings of process for reporting fraud, malpractice, wrongdoing and incidents.	Divisional Management Team	August 2013	These areas have been highlighted as areas for the Division to focus

Area to be addressed	Action Points	Lead	Timescales	Comment
				on in 2013
	Study days to be arranged for unregistered staff to provide development and recognition.	Associate Director of Nursing	September 2013	These areas have been highlighted as areas for the Division to focus on in 2013
Division B	Staff encouraged to complete online incident forms so that shared learning can take place. Incidents to be discussed at ward meetings. Clear lines of management in place so staff know who to escalate concerns to.	Matrons / Clinical Service Leads	September 2013	These areas have been highlighted as areas for the Division to focus on in 2013
	Ensure mandatory training is up to date for all medical staff. Training needs to be identified and discussed with line manager at annual appraisal.	Clinical Service Leads	September 2013	These areas have been highlighted as areas for the Division to focus on in 2013
	Ensure all ward areas have regular staff meetings in order to allow the team to discuss ongoing business and share team objectives.	Ward Managers	September 2013	These areas have been highlighted as areas for the Division to focus on in 2013
	Ensure Trust objectives / vision is shared with staff so they are aware of their role within this. Disseminate team brief to all staff and local issues to be discussed with line manager.	Ward Managers / Divisional Management Team	July 2013	These areas have been highlighted as areas for the Division to focus on in 2013
	Training plans to be in place for all staff as appropriate. Objectives to be jointly agreed to ensure all parties are clear of expectations. Encourage staff carrying out appraisals to attend the appropriate training day for refresher purposes.	Ward Manager/ Divisional Management Team/ Clinical Service Leads	September 2013	These areas have been highlighted as areas for the Division to focus on in 2013

Area to be addressed	Action Points	Lead	Timescales	Comment
Division C	Increase the number of appraisals being carried out in the division. Ensure they are completed to a high standard with clear and concise objectives which meet the Trust's vision and Values	Robin Snead, Director of Operations Division C	October 2013	These areas have been highlighted as areas for the Division to focus on in 2013
	Increase the uptake of conflict resolution training	Robin Snead, Director of Operations Division C	October 2013	These areas have been highlighted as areas for the Division to focus on in 2013
	Increase the uptake of Equality and Diversity Training	Robin Snead, Director of Operations Division C	October 2013	These areas have been highlighted as areas for the Division to focus on in 2013
	All staff will receive a return to work interview within 5 working days of returning to work after a period of sickness	Robin Snead, Director of Operations Division C	Ongoing 13/14	These areas have been highlighted as areas for the Division to focus on in 2013
Division D	Ensure mandatory training is up to date for all medical staff. Training needs to be identified and discussed with line manager at annual appraisal.	Clinical Service Leads	September 2013	These areas have been highlighted as areas for the Division to focus on in 2013

Area to be addressed	Action Points	Lead	Timescales	Comment
	A review of the number of Band 2 and 3 nursing staff that have attended conflict resolution to be established. Ward Managers to ensure staff receive standard zero tolerance letter	Ward Managers	October 2013	These areas have been highlighted as areas for the Division to focus on in 2013
	Ensure all AHP staff doing appraisal have been trained. Process of appraisal to be discussed with staff who undertake appraisal of others and survey results to be feedback. Re-training to put be provided where appropriate	Divisional Management Team	July 2013	These areas have been highlighted as areas for the Division to focus on in 2013
	Increase the uptake of conflict resolution training for Nursing and Medical and Dental staff	Director of Operations Division D	October 2013	These areas have been highlighted as areas for the Division to focus on in 2013

COMPARISON OF UHB STAFF SURVEY AGAINST OTHER TRUSTS

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	11	7	8	2	0
Cambridge University Hospitals NHS Foundation Trust	10	9	4	3	2
Central Manchester University Hospitals NHS Foundation Trust	7	11	6	2	2
Guy's And St Thomas' NHS Foundation Trust	16	2	4	2	4
Imperial College Healthcare NHS Trust	3	7	4	8	6
King's College Hospital NHS Foundation Trust	13	3	1	4	7
Oxford University Hospitals NHS Trust	10	5	5	5	3
Sheffield Teaching Hospitals NHS Foundation Trust	1	2	7	5	13
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	18	8	1	0	1
University College London Hospitals NHS Foundation Trust	11	5	4	3	5

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

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	5 redundancies
Performance Management	All formal cases	Included within main report
Recruitment & Selection	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	Requested May 2012 Audits completed monthly
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	NMC – 41 HCPC – 0 GPhC - 0 GMC - 0 Requested May 2012
Sickness	Analysis of absence issues	Included within main report
Whistleblowing	Number of formal cases	1 case

Casework Outcomes for Cases closed April 2012-2013

Disciplinary		
Outcome of Disciplinary Process	**2011/12**	**2012/13**
Dismissal	22	11
Final Written Warning	9	13
First Written Warning	18	12
Verbal Warning	4	3
Pre-disciplinary Counselling	11	17
No Case to Answer	17	8
Resignation	5	8
TOTAL :	**87**	**72**

Harassment		
Outcome of Harassment & Bullying Process	**2011/12**	**2012/13**
Formal Disciplinary Warning	0	1
Not Upheld	9	11
Pre-disciplinary Counselling	3	2
Resignation	3	0
Ongoing	0	2
TOTAL :	**15**	**16**

Grievance		
Outcome of Grievance Process	**2011/12**	**2012/13**
Upheld	2	1
Not Upheld	11	5
Withdrawn	4	0
Partly Upheld	2	0
TOTAL :	**19**	**6**