UNIVERSITY HOSPITALS BIRMINGHAM

NHS FOUNDATION TRUST

BOARD OF DIRECTORS

ANNUAL WORKFORCE REPORT

THURSDAY 26 JULY 2018

APPENDIX 1

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

ANNUAL WORKFORCE REPORT 2017/18

1.0 Introduction

The annual workforce report outlines the main workforce issues and opportunities faced by University Hospitals Birmingham NHS Foundation Trust during 2017/18 and how it has responded to them. The report also includes workforce statistical information for the year ending March 2018.

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 took 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 2017/18 was to embed the 2016 Doctors in Training (DiT) contract into the Trust and to attract good quality medical staff given the national shortages. This was hampered by Immigration rules which saw the restriction of Certificates of Sponsorship for Core Trainee level doctors recruited from outside the European Union (EU).

1.3 Workforce Transformation

The focus in 2017/18 was to ensure workforce implications of planned service expansions were appropriately implemented. There was 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 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 was a 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 increased in 2017/18, and work continued to endeavour to drive this down, including case conferences with Directors of Operations and Associate Directors of Nursing to focus on absence management strategies, and further staff wellbeing developments. Bespoke training was 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 continued to be utilised and embedded in 2017/18 to ensure the Trust's compliance with legislative requirements and best practice. Further progress was made in 2017/18 in developing an inclusive workforce and working environment. The Trust published its diversity data and progress on equality initiatives in line with the Equality Delivery System and its duties under the Equality Act 2010 including the first reporting of the Trust's Gender Pay Gap. The Staff Survey results were analysed, reported on and action plans developed.

Progress against the delivery of these themes is detailed below.

2.0 Themes

2.1 Workforce Planning

The priorities for 2017/18 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 met the needs of the strategic and operational workforce planning group; and continue to identify workforce risks and develop robust actions plans as appropriate.

Staff Group Shortages

The Trust experienced a worsening recruitment trend across some clinical disciplines, specifically nursing, operating department practitioners, junior medical, health care science and sonography.

Recruitment and Retention Challenges

Voluntary turnover increased slightly from 7.94% in March 2017 to 8.80% in March 2018. The staff groups with the highest levels of voluntary turnover included Healthcare Scientists and Admin and Clerical.

New Roles

Apprentices

During 2017/18 the Trust continued to build on its collaborative work with Heart of England NHS Foundation Trust (HEFT) agreeing a joint apprenticeship strategy and resourcing plan. An Apprenticeship Procedure was ratified across the Trusts which laid down the pay structure and terms and conditions of employment for apprentices for both organisations.

There were 37 apprentices who started in 2017/18. New apprentice positions were created in Finance, Business Administration and Pharmacy.

Trainee Nursing Associates

The Trust partnered with other local Trusts including HEFT to form part of the regional pilot of the Trainee Nursing Associate (TNA) role. A total of 14 Trainee Nursing Associates commenced the training programme in April 2017, all of whom were existing Trust Healthcare Assistants (HCA). The Trust strategic intent is to grow this workforce at scale and a three year strategy will be formulated once NMC regulations and curriculum requirements have been finalised

The Trust continually reviews the actions and plans necessary to mitigate workforce risks through the Operational and Strategic Workforce Groups.

2.2 Medical Workforce

The main challenge for Medical Resourcing in 2017/18 was to embed the 2016 Doctors in Training (DiT) contract into the Trust and to attract good quality medical staff given the national shortages. This was hampered by Immigration rules which saw the restriction of Certificates of Sponsorship for Core Trainee level doctors recruited from outside the European Union (EU).

General

The 2016 DiT contract was implemented gradually from December 2016 with the main surgical specialities commencing in April 2017 culminating in all specialities on the contract by August 2017. Due to the preparatory work undertaken by the DiT Project Implementation Group, the contract change was relatively smooth.

The Guardian of Safe Working (Dr Jason Goh) has overseen all safe working arrangements and has provided regular reports to the Board and the Local Negotiating Committee (LNC). This has led to some rota changes and improved working arrangements.

The main challenge to the medical workforce is the ongoing difficulties of supply both within and outside the EU. The Trust is progressing a number of areas of partnership working e.g. Belgian Military; University of Lassi, Romania; and the International Fellowship programme.

Medical Recruitment

Between 1st April 2017 and 31st March 2018 there were appointments to medical vacancies as follows:

	2017- 2018	**2016 - 2017**
Consultants	40	17
Locum Consultants	30	14
Speciality Doctors	4	2
Specialist Clinical Fellows	5	1
Junior Specialist Doctors	108	82
Total	**187**	**116**

2.3 Workforce Development

The Transformation Team was involved in over 30 workforce transformation projects over the period 1st April 2017 to 31st March 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 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 Trust's Organisational Change Procedure clearly identifies the methodology for communicating and implementing workforce and service change. 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

Review of hours of work for Cardiac Theatres and Specialist Cardiac Practitioners; review of shifts in Emergency Department and for Emergency Practitioners; review of job bandings of Matrons and Healthcare Assistants in Theatres; changes to on-call provisions in Wellcome Theatres and Renal Theatres; changes in hours/shifts of the Discharge Lounge and Ward 412.

Clinical Support

Review of hours of work of Perfusionists; Genomics Laboratory tender.

Facilities

Review of Catering Stores and Portering Team Leader roles.

Non-Clinical Support Services

Reduction in staffing levels in West Midlands Academic Health Science Network; change in shift rota for Admin and Clerical staff in Emergency Department and for Cardiac Vascular Secretaries.

Transfer of staff between UHB and other organisations during 2017/2018

The following TUPE transfers were undertaken due to changes in structures, successful tenders etc.:

- Finance transfer to Specialist Business Services;
- Legal Services transfer to Birmingham Women's and Children's Hospital;
- Non-Emergency Patient Transport to West Midlands Ambulance Service;
- Successful tender for Milton Keynes Payroll;
- Transfer of staff to Royal College of Physicians;
- Young Peoples' Service from Birmingham Community Health Care;
- Gynaecological Oncology Service from City Sandwell NHS Trust.

Redeployments

Most organisational changes result in staff being redeployed into other posts within the same department.

Six staff were successfully redeployed as a result of organisational changes.

Redundancies

There were 2 redundancies across the Trust.

Divisional Consultative Committees

Each member of the Transformational Change Team and Senior Members of the Employee Services Team are assigned a Divisional Consultative Committee and attend the meetings on a monthly basis providing HR input and share reports on Key performance indicators.

2.4 Workforce Operations

2.4.1 Non-medical Recruitment

In the period from 1st April 2017 to 31st March 2018, the Trust saw a 15.32% increase in non-medical recruitment activity for the same period 2016/17, with 2,108 appointees. Of these, 985 were existing staff changing job and 1,123 new entrants to the Trust. The breakdown of these appointees is as follows:

- Nursing - there were 474 new nurse starters comprising 188 Band 2 Nursing Assistants and 286 Bands 5 - 8 nurses;
- All other staff groups not covered by medical and nursing: 649 new starters;
- 985 existing staff changed jobs.

Since 2014/15 there has been sustained recruitment growth across the Trust as is shown in the table below.

Year	% growth on previous financial year
2014/15 – 2015/16	9.39%
2015/16 – 2016/17	15.4%
2016/17 – 2017/18	15.32%

Overall between the period 2014/15 and 2017/18 there has been 45% growth in non-medical recruitment in the Trust.

Streamlining of processes and reducing the overall time to hire remains a key focus within the Recruitment department. Temporary additional funding for resourcing via QEHB+ staff bank has enabled testing to be undertaken of the impact of additional resourcing on both ways of working and time to hire; this has provided flex in the resourcing to utilise staff in a different and targeted way to unblock recruitment stages where needed and has resulted in a significant improvement

to the time to hire from an average of 29 days in the previous year to an average 21 days in this reporting year – not only surpassing the Trust KPI for time to hire of 26 days but also meeting the NHSI target of 21 days.

2017/18 Time to Hire Statistics

Month	**Time to Hire** (offer sent date – date cleared to start)	**Time to Hire** (Vacancy live on NHS Jobs – date cleared to start)	**Time to Hire** (Date offer received – start date)	**Time to Hire** (vacancy live on NHS jobs – start date)
Working Days				
April	22	51	30	55
May	23	58	57	87
June	26	60	43	66
July	29	66	70	103
August	39	80	74	112
September	19	62	54	84
October	19	51	43	71
November	19	53	38	74
December	15	50	41	70
January	21	55	44	63
February	12	48	40	74
March	14	46	38	68

In 2017/18 the Recruitment department was the subject of two audits, by NHSI Protect and KPMG, both of whom reported assurances that the Trust has safe, compliant and efficient recruitment practices in place supported by well-designed policies and procedures. The KPMG audit highlighted areas of best practice within the department including detailed policies and procedures being in place, and clear evidence of pre-employment checks documented. A twice-yearly departmental internal audit programme has also been implemented to monitor compliance with NHS Employment Checking Standards and to review practices and process.

One of the key achievements in 2017/18 was developing much closer working practices with QEHB+ to pilot fast track processes for the recruitment for nursing assistants and facilities staff employed with QEHB+ into substantive roles. This approach has been further tested, refined and fully embedded in departmental ways of working and the approach has been widened to include Band 5 staff nurses. The impact of this approach has been to remove unnecessary interviews, reduce the administrative burden for wards and departments, and improve vacancy-fill timelines for staff moving to substantive roles from the bank.

Existing clearance processes have been further reviewed and identified an opportunity for bringing forward Certificate of Sponsorship applications earlier in the checking stages to avoid additional delays for candidates requiring this.

Recruitment processes have been subject to ongoing review to identify and implement streamlining of activities to reduce time to hire to 21 days, in line with NHS Improvement standards. These have included the introduction of pilot programmes looking at references, how they are requested, and evaluating the potential impact on the candidate recruitment journey. A verbal reference pilot has been completed and evaluated, and it has been determined that efficiencies are only achieved at Bands 7 and above where this is now in place.

The Trust has participated in a Department of Health initiative looking at the efficiency and effectiveness of candidate screening in volume recruitment by comparing existing reviewing and shortlisting processes with those conducted by an independent panel of reviewers. A Band 2 nursing assistant vacancy was used as the pilot activity. The pilot activity identified that in the main our existing method of reviewing and shortlisting applicants is effective in that those coming to interview have the skills we are seeking. However, it has also highlighted that by introducing online literacy and numeracy testing as part of the recruitment and selection process this would have a positive impact on reducing the overall time to hire.

Stage by stage KPIs for each element of the recruitment process have been developed. The stages applicable to the Recruitment team have been fully adopted and are in use. The stages applicable to managers are in test phase and undergoing piloting, for roll-out in an updated Trust-wide procedure to be adopted across all merged sites.

In response to demand, the recruitment and selection training programme continues to be delivered on a monthly basis developing skills and confidence in all aspects of recruitment. It incorporates training on unconscious bias, but this aspect is to be further enhanced.

2.4.1.1 <u>First Contact Team</u>

The First Contact Team remains the first port of call for all staff and managers across the Trust for the provision of advice and guidance on all HR matters, including:

- Interpretation and implementation of all HR policies and procedures and the Agenda for Change terms and conditions of employment, including other contract types, such as fixed term and term time contracts, secondments and honorary contracts;

- Attendance management, including use of special leave and unauthorised absence;
- Conduct and capability, ranging from minor issues to serious matters where suspension and formal investigation is required;
- Harassment and Bullying complaints/ issues;
- Flexible working requests including career breaks;
- Family Friendly policies and procedures (Maternity/ Paternity/ Shared Parental Leave)
- Recruitment queries, including withdrawal of offers and references;
- Immigration and right to work queries, including Tier 2 sponsorship requirements and Trust duties;
- Assisting Information Governance in responding to Subject Access Requests.

Whilst the team'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, an increase in volume of recruitment, the increasingly complex nature of casework, and the many changes with immigration legislation have heightened the demands on the First Contact Team; this comes from the shift in complexity of the work now absorbed in First Contact which has itself arisen both from changes in legislative requirements and from the need to mobilise capacity in other areas of the department. The heightened demands are both in terms of the volume of work, as shown below 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 its patients through robust management of immigration and right to work checks.

First Contact Inbox Activity

Between 1st April 2017 and 31st March 2018 the team responded to a total of 11,014 email enquiries via the First Contact inbox. This was an increase of 14% in volume when compared to the 9,601 emails responded to in 2016/17.

The top 5 queries remain the same as the previous year: sickness absence, honorary contracts, annual leave, technical queries such as requests to re-activate IT accounts, and ESR/ Me@QEHB data enquiries.

Work is currently underway with the Trust's HR intranet site to enhance information available to staff and managers with the aim of directing some of the basic enquiries away from the First Contact Team for advice and guidance on frequently asked questions, toolkits for managers and standard template letters, forms and guidance notes.

Honorary Contracts

Between 1st April 2017 and 31st March 2018 the team processed 744 honorary contracts, which is an increase of 28% applications in comparison to 582 applications processed in 2016/17.

There are no key triggers which can be identified as the source of this increase other than a general increase in the number of applications now being processed. A new Honorary Contracts Procedure is in development which will seek to draw clear distinction between the differing needs for Honorary Contracts and the lesser Letter of Access, and it is hoped that this will procedure will reduce the impact of the volume on First Contact by ensuring managers and staff are aware of the processing requirements to minimise last minute requests and repeated pursuit of documentation.

HR1s – processing of new starter information on ESR

Between 1st April 2017 and 31st March 2018 the team processed 1,937 HR1s which is an increase of almost 18.5% in comparison to 1,635 which were processed in 2016/17. The increase in recruitment activity across the Trust in the last 12 months accounts for the increase in HR1s.

Other activity

Other services provided to staff and managers by the First Contact team include:

- Face to face exit interviews with staff;
- Face to face HR advice for complex matters if unresolved via telephone or email;
- Checking of letters and confirmation of employment letters on request.

Routine reports run by First Contact include;

- **Sickness Absence Trigger Management**, with a focus on supporting managers in early HR intervention with long term and short term absence management with an escalation process now available within Divisions via the newly rolled out confirm and challenge meetings where progress of cases can be closely monitored and challenged by the senior Divisional management teams.

- **Fixed Term and Honorary Contracts management** which helps to support the ongoing governance of ESR and payroll data.

Other routine tasks within the First Contact team include:

- Ongoing post-employment checks ensuring compliance with right to work checks and professional registration (Nursing and Midwifery Council, Health and Care Professions Council and General Pharmaceutical Council), safeguarding the Trust from any risks associated with employing illegal workers and unregistered practitioners;
- Monitoring of new vacancies prior to advert against the Trust's redeployment register to highlight any suitable posts for staff at risk.

Training

Achieved objectives this year

In 2017/18, the HR training suite was reviewed, developed and re-launched as a new fit for purpose package for managers, including starter training for new managers and refresher training for existing managers. This piece of work was fully completed in January 2018, and bespoke training is provided for managers and departments where a hot spot is identified or when requested.

In addition to this, HR developed and delivered training as part of the Band 7 Nurse Managers programme delivered in Autumn 2017. The training focussed on providing managers with practical tips on:

- Understanding individual and team needs, motivating factors and managing different generations;
- How positive management can help to avoid people management issues arising at a later date;
- Effective early intervention when managing conduct and capability issues including undertaking difficult conversations.

The HR aspect of the programme received the most positive feedback and continues to be a point of recommendation. Due to its success, the training has been rolled out formally across the Trust and is now delivered on a bi-monthly basis, with an average attendance of between 10-20 delegates.

Leavers/ Exit policy and process review

The team utilised the support of a HR graduate who undertook a review of leavers' processes and how exit information is captured and reported back to Divisions, which included feedback from a group of managers. Some of the key findings indicate that:

- Information captured by HR is reliant on hard copy exit questionnaires being returned to the department, either by the member of staff or the manager. The number of questionnaires being returned in comparison to the number of leavers suggests insufficient exit information is being captured;

- Exit questionnaire requires some improvement, including different ways an individual can submit their exit information e.g. online survey, text messaging, mobile phone app;
- There is currently no formal reporting system in place to capture and feedback exit information to the Divisions to assist with the Trust's retention strategy.

This development area will be the focus of the 2018/19 team priorities, with a need to identify a cost effective electronic system to capture and report on exit data.

2.4.2 Employee Services

Employee relations casework

There were a total of 134 formal cases in 2017/18, an increase of 19 cases when compared to 115 formal cases in 2016/17. Of the 134 cases, 107 were disciplinary cases, 8 harassment cases, 11 grievance cases, and 8 cases involved medical and dental staff under the Procedure for Maintaining High Professional Standards in the Modern NHS (MHPS). The outcomes of these cases are detailed in Appendix 5.

The average length of case management in progressing disciplinary cases from commencement to closure at 11 weeks remains within the 12-week Key Performance Indicator (KPI) set by the Trust for case completion.

There was an increase in the case completion timelines for grievances and harassment/bullying cases in 2017/18; that is attributable to high levels of complexity and contentiousness in these cases – some cases were running in parallel with disciplinary casework, and there was one area in which multiple individual grievances and harassment claims were being managed in parallel with linked disciplinary and sickness cases. One department accounted for a significant volume of the work which impacted on this case completion timeline, and the wider issues in the management of that area have been addressed and fully resolved. These cases were managed in the safest, most robust and efficient way possible.

Disciplinary, harassment, grievance completion times

	2017/18		2016/2017	
Case Type	**Number of cases (closed)**	**Average length of case (weeks)**	**Number of cases**	**Average length of case (weeks)**
Disciplinary	107	11.00	83	10.14
Harassment	8	17.25	6	16.66
Grievance	11	12.31	16	8.93
Total	**126**	**13.52**	**105**	**11.91**

Fast track disciplinary case completion in 2016/17 was tracking at 11 weeks, just one week faster than the standard process; this has been reviewed in 2017/18 and streamlining of the process and practice with full staff side engagement has reduced the completion time to 7 weeks. The review has ensured that cases are progressed in the safest, fairest and most efficient way, whilst minimising impact on productivity, service delivery, resources and staff wellbeing. Discussions are underway with staff side to further streamline fast tracking.

Maintaining High Professional Standards (Medical Staff):

	2017/2018		2016/2017	
Case Type	**Number of cases (closed)**	**Average length of case (weeks)**	**Number of cases**	**Average length of case (weeks)**
Conduct/ Capability	8	59.63	10	38
Total	**8**	**59.63**	**10**	**38**

Whilst the number of MHPS cases reduced in 2017/18, the seriousness of the allegations and the number of cases that were dual conduct-capability was greater. Work is in progress to review ways in which MHPS case completion timelines can be reduced.

Poor Performance Cases

There were 17 formal poor performance cases in 2017/18. In 9 of those cases performance improved to the required standard, four employees resigned part-way through the case management, two cases are paused during management of long term sickness and will recommence on return from absence or end through ill-health dismissal, and two cases are progressing in to the new financial year.

An annual programme of people management training, including performance management and essential people management skills is provided jointly by the Employee Services and First Contact teams. The training was updated to ensure it is more interactive and meaningful through the use of relevant case studies and practical skills development; these were well received with a noted increase in attendees.

Employment Tribunal Cases

There were 3 employment Tribunal cases either listed during 2017/18 or carried forward from the previous year. The Trust successfully defended one of these and the other two were settled.

Sickness absence

In 2017/18, the Trust recorded an annual average sickness absence rate across all clinical and corporate divisions of 4.28%, a 0.13% increase when compared with 4.15% for 2016/7. Trust management continues to work in partnership with Staff Side to identify and implement target interventions to reduce this.

Dismissals on the grounds of ill-health averaged 3 per month, which remained in line with the previous year's figures.

Long term absence continued to be higher at 2.68% than short term absence at 1.60%. The top 5 reasons for both long term and short term absence were:

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

Staff groups with absence consistently above average were Nursing Assistants, Porters, Domestics and Catering staff. In response to this, focus groups took place exploring the potential reasons for the higher absence rates within these staff groups. The results identified issues in the management of absence in these areas, and limited awareness of Trust Health and Wellbeing services. The information was analysed and action plans developed to ensure the implementation of initiatives to improve the health, wellbeing and attendance of these staff groups to reduce sickness absence overall.

Regular confirm-and-challenge meetings take place across all divisions whereby long term and short term cases are scrutinised to ensure managers are appropriately supported in managing absence and to identify focused strategies to overcome barriers in case progression. This proactive, directive approach helped to resolve some complex long term cases.

In addition to the annual scheduled programme of sickness management training, bespoke 'bitesize' training has been provided in identified hot-spot areas and on request.

2.5 Workforce Governance

2.5.1 Equality, Diversity and Inclusion

Workforce Race Equality Standard

The Trust published indicators of workforce equality, as part of

the Workforce Race Equality Standard (WRES) since June 2015. This allowed us to assess whether there has been less favorable treatment of the Black & Minority Ethnic (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 2 (EDS).

Each year, alongside the EDS2 action plans, workforce data is monitored against the protected characteristics to determine areas where the Trust needs to improve aspects of employment for 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 data from the Staff Survey highlighted the following areas:

- White staff experience harassment, bullying or abuse from their patients at a slightly higher rate than BME staff (24% White, 21% BME). Harassment, bullying or abuse from colleagues is experienced at a higher rate by BME staff than White staff (26% BME, 22% White)
- 74% of BME staff believe the organisation provides equal opportunities for career progression or promotion, compared to 88% of White staff, these figures are in line with the national average for acute trusts.

Gender Pay Gap

This year, the Trust was required to publish its first gender pay gap calculations under the provisions of the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017. These will have to be published on an annual basis in the future. In addition to publishing the data the Trust also developed an action plan to tackle its gender pay gap although it is recognised that it may take several years for the action plan to have an impact.

- The mean gender pay gap for the Trust is **17.43%.**
- The median gender pay gap for the Trust is **11.26%.**
- The mean gender bonus gap for the Trust is **42.57%.**
- The median gender bonus gap for the Trust is **48.61%**.
- The proportion of male employees in the Trust receiving a bonus is **2%** and the proportion of female employees receiving a bonus is **0.59%.**
- The proportion of male and female employees in each quartile is shown below.

UHB Pay quartiles by gender as at 31 March 2017

Quartile	Males	Females	Description
1	27.62%	72.38%	Includes all employees whose standard hourly rate places them at or below the lower quartile
2	21.73%	78.27%	Includes all employees whose standard hourly rate places them above the lower quartile but at or below the median
3	21.46%	78.54%	Includes all employees whose standard hourly rate places them above the median but at or below the upper quartile
4	42.22%	57.78%	Includes all employees whose standard hourly rate places them above the upper quartile

Stonewall's Workplace Equality Index

The Workplace Equality Index is the definitive benchmarking tool for employers to measure their progress on lesbian, gay, bi and trans inclusion in the workplace. Participating employers demonstrate their work in 10 areas of employment policy and practice. Staff from across the Trust were also asked to complete an anonymous survey about their experiences of diversity and inclusion at work.

The best areas for the Trusts were policies and benefits, community engagement, and clients, customers and service users. Areas that were identified for improvement were LGBT Employee Network Group, Allies and Role Models, and Procurement.

Networking groups for each protected characteristic

LGBT+, BAME and Disability and long term conditions staff Networks were established after consultation with staff in December 2017. The first network meetings took place in January 2018 and meetings are held bi-monthly. Networks are open to all and are not exclusive to the groups they represent, however the membership is predominantly representative of the groups served.

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 2017 results demonstrate significant strengths for the Trust, with performance being particularly strong when benchmarked against other acute trusts. It was especially heartening to see that staff satisfaction with the quality of work and patient care they are able to deliver and staff recommendation of the Trust as a place to work or receive treatment were amongst the best 20% of acute trusts.

Of the 32 areas surveyed in 2017, the Trust had 4 findings in the highest 20% of acute trusts, 15 above the national average, 9 average findings, 4 findings below the national average, and 0 findings in the bottom 20%. The findings saw the Trust outperform neighbouring trusts within the West Midlands. The Trust's performance is within the top half of the Shelford group of Trusts.

A breakdown of the Trust's results can be found in Appendix 3.

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 focus of these questions was around identifying and reporting fraud in the workplace.

2.5.3 Workforce Policies and Procedures

New or updated policies and procedures implemented following management and staff side consultation were:

- Updated Organisational Change Policy;
- Alcohol and Substance Misuse at Work Policy;
- Updated Equal Opportunities in Employment Policy;
- Updated Work Life Balance Policy;

- Procedure for Supporting Staff affected by Domestic Abuse.

In addition to these, a new Transitional Organisational Change Procedure for the new Trust following the merger with Heart of England NHS Foundation Trust (HEFT) was developed and agreed by both UHB and HEFT with agreement from both staff sides.

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.

2.5.4 Whistleblowing Cases

Formal complaints of whistleblowing are reported to the Freedom to Speak up Guardian prior to investigation. There was one such complaint in the period April 2017 – March 2018.

2.5.5 Pay and Rewards and Terms and Conditions

Apprenticeship Levy and Trainee Nursing Associates

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

2.5.6 Job evaluation

Consistency in banding continued to be upheld and monitored, with job evaluations all undertaken within the HR Governance team. 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.

2.5.7 Health and Wellbeing

The UHB health and wellbeing clinic continues to be recognised as an area of good practice within the field of staff wellbeing. The approach has been shared across the Sustainability and Transformation Partnership (STP). The Trust is now looking at innovative uses of artificial intelligence to personalise its approach. A significant grant from UHB Charities over 2017/18 enabled the continuation of the clinics and allowed expansion of the programme. In addition, a successful National Institute of Health Research grant of £800,000 will see a pilot multi-centre study to ensure that the

UHB Health and wellbeing clinic keeps up to date with latest public health research and provides interventions that work and are cost effective.

2.6 HR Automation: Innovation and support via technology

Recruitment systems that would interface with NHS Jobs and ESR to improve efficiency of reporting, decrease data entry duplication and enable self-service for managers to track down candidates through recruitment stages were researched. This is still under review pending implementation under a new Trust-wide operational structure.

Work is currently underway with the Trust's HR intranet site to enhance information available to staff and managers with the aim of directing some of the basic enquiries away from the First Contact Team to a HR self-service function, including advice and guidance on frequently asked questions, toolkits for managers and standard template letters, forms and guidance notes. The team reviewed and developed the draft content and expanded on the level of information to be available to staff and managers, including redesigning the site for user friendly access. The new HR website 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.

The me@UHB project team completed the electronic build to implement the automation of ID and AD accounts. It is currently in the testing phase and is intended to be rolled out in quarter 2 of 2018/19.

2.7 Merger by Acquisition of Heart of England NHS Foundation Trust

The HR Team had significant involvement in the successful project to merge with HEFT. This included employment due diligence, analysis of HR policies and procedures, analysis of pay and banding variations, an assessment of safe employment practices, and consultation with trade unions across the two predecessor organisations.

3.0 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. For the coming year and beyond it is essential that standards are consistently applied across the entirety of the newly expanded Trust.

APPENDIX 2

Workforce Statistics at 31st March 2018

Staff Group	Headcount	WTE
Add Prof Scientific and Technic	365	337.86
Additional Clinical Services	1521	1299.12
Administrative and Clerical	1902	1730.60
Allied Health Professionals	525	467.14
Estates and Ancillary	875	659.40
Healthcare Scientists	411	381.90
Medical and Dental	1262	1153.93
Nursing and Midwifery Registered	2682	2421.32
Trustwide	**9543**	**8451.3**

Ethnicity	Headcount	%
A White – British	5716	59.90
B White – Irish	151	1.58
C White - Any other White background	594	6.22
D Mixed - White & Black Caribbean	83	0.87
E Mixed - White & Black African	10	0.10
F Mixed - White & Asian	40	0.42
G Mixed - Any other mixed background	82	0.86
H Asian or Asian British – Indian	648	6.79
J Asian or Asian British - Pakistani	329	3.45
K Asian or Asian British - Bangladeshi	60	0.63
L Asian or Asian British - Any other Asian background	457	4.79
M Black or Black British - Caribbean	279	2.92
N Black or Black British – African	232	2.43
P Black or Black British - Any other Black background	220	2.31
R Chinese	73	0.76
S Any Other Ethnic Group	349	3.66
Z Not Stated	216	2.26
0 White	1	0.01
Undefined	3	0.03
Total	9543	100

Disability	Headcount	%
No	6820	71.47
Undefined	2537	26.58
Yes	186	1.95
Total	9543	100

Age	Headcount	%
<18	6	0.06
18-24	772	8.09
25-29	1345	14.09
30-34	1252	13.12
35-39	1124	11.78
40-44	1164	12.20
45-49	1214	12.72
50-54	1124	11.78
55-59	900	9.43
60-64	465	4.87
65+	177	1.85
Total	9543	100

Gender	Headcount	%
Male	6865	71.94
Female	2678	28.06
Total	9543	100

Sexual orientation	Headcount	%
Bisexual	55	0.58
Gay	95	1.00
Heterosexual	6283	65.84
I do not wish to disclose my sexual orientation	3074	32.21
Lesbian	34	0.36
Undefined	2	0.02
Total	9543	100

Religion and Belief	Headcount	%
Atheism	756	7.92
Buddhism	55	0.58
Christianity	3732	39.11
Hinduism	275	2.88
I do not wish to disclose my religion/belief	3397	35.60
Islam	567	5.94
Jainism	1	0.01
Judaism	11	0.12
Other religions or beliefs	526	5.51
Sikhism	221	2.32
Undefined	2	0.02
Total	9543	100

Turnover

Staff group	Avg HeadCount	Total Leavers	Turnover
Add Prof Scientific and Technic	333	21	6.32%
Additional Clinical Services	1482	106	7.15%
Administrative and Clerical	1868	234	12.53%
Allied Health Professionals	514	36	7.00%
Estates and Ancillary	857	52	6.07%
Healthcare Scientists	408	44	10.80%
Medical and Dental	1251	233	18.63%
Nursing and Midwifery Registered	2638	97	3.68%
Total	9348	823	8.80%

Gender	Total Leavers	% of Leavers	% of Turnover	Average Employees
Male	311	37.65%	11.77%	2643
Female	515	62.35%	7.68%	6706
Total	826			9348

Disabled	Leavers
Yes	18
No	661
Not Declared	147
Total	826

Ethnic Origin	Total Leavers
A White - British	445
B White - Irish	19
C White - Any other White background	21
CA White English	1
CF White Greek	1
CG White Greek Cypriot	24
CK White Italian	3
CP White Polish	2
CX White Mixed	4
CY White Other European	3
D Mixed - White & Black Caribbean	4
E Mixed - White & Black African	6
F Mixed - White & Asian	6
G Mixed - Any other mixed background	6
GE Mixed - Asian & Chinese	3

GF Mixed - Other/Unspecified	65
H Asian or Asian British - Indian	54
J Asian or Asian British - Pakistani	6
K Asian or Asian British - Bangladeshi	9
L Asian or Asian British - Any other Asian background	2
LA Asian Mixed	2
LB Asian Punjabi	1
LC Asian Kashmiri	1
LD Asian East African	22
LE Asian Sri Lankan	1
LF Asian Tamil	20
LH Asian British	21
LK Asian Unspecified	5
M Black or Black British - Caribbean	2
N Black or Black British - African	1
P Black or Black British - Any other Black background	3
PC Black Nigerian	10
PD Black British	2
PE Black Unspecified	11
R Chinese	6
S Any Other Ethnic Group	1
SB Japanese	4
SC Filipino	2
SE Other Specified	4
Undefined	2
Z Not Stated	21
Total Leavers	826

APPENDIX 3

Staff Survey Summary of Results 2017

Response Rates by Division *(2016 results in brackets)***:**

- **Corporate – 60%** *(54%)*
- **Division A – 42.5%** *(38.8%)*
- **Division B – 37.5%** *(35.8%)*
- **Division C – 34.7%** *(35.6%)*
- **Division D – 34.3%** *(31.7%)*

Response Rates by Staff Group *(2016 results in brackets)***:**

- **Professional Scientific and Technical – 46%** *(43.6%)*
- **Additional Clinical Services – 29%** *(26.4%)*
- **Administrative and Clerical – 63%** *(63.7%)*
- **Allied Health Professionals – 55%** *(47.8%)*
- **Estates and Ancillary – 54%** *(41%)*
- **Healthcare Scientists – 60%** *(60%)*
- **Medical and Dental – 33%** *(31%)*
- **Nursing and Midwifery Registered – 35%** *(32.8%)*

Overview of Results

	2015	**2016**	**2017**
Highest 20%	14 findings	8 findings	4 findings
Above average (better than other trusts)	9 findings	14 findings	15 findings
Average	7 findings	7 findings	9 findings
Below average (worse than other trusts)	2 findings	2 findings	4 findings
Worst 20%	0 findings	1 findings	0 findings
	32 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 – 19 findings**
- **Royal Wolverhampton – 12 findings**
- **Dudley Group of Hospitals – 7 findings**
- **Sandwell & West Birmingham – 13 findings**
- **Heart of England – 5 findings**
- **Worcester- 5 findings**

Comparison of UHB results with the Shelford Group

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

- **Guy's and St Thomas' – 23 findings (22)**
- **Newcastle – 20 findings (26)**
- **UHB – 19 findings (22)**
- **UCLH - 16 findings (18)**
- **Cambridge - 15 findings (23)**
- **Sheffield - 13 findings (10)**
- **Imperial - 9 findings (10)**
- **Cent Manchester – 5 findings (14)**
- **Oxford - 4 findings (23)**
- **Kings - 3 findings (5)**

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

- Percentage witnessing potentially harmful errors, near misses or incidents in last month
- 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

2017 Top 5 Ranking Scores

	2016		2017		Difference
	UHB	National Average	UHB	National Average	
KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month (lower the better)	26%	31%	**27%**	**31%**	No change statistically from 2016
KF14. Staff satisfaction with resourcing and support (higher the better)	3.48	3.33	**3.44**	**3.41**	Deterioration from 2016
KF1. Staff recommendation of the organisation as a place to work or receive treatment (on scale of 1 – 5, the higher the better)	**3.97**	**3.76**	**3.98**	**3.75**	No change statistically from 2016
KF2. Staff satisfaction with the quality of work and care they are able to deliver (on scale of 1 – 5, the higher the better)	**4.08**	**3.96**	**4.02**	**3.91**	Deterioration from 2016
KF31. Staff confidence and security in reporting unsafe clinical practice (on scale of 1 – 5, the higher the better)	**3.71**	**3.65**	**3.71**	**3.65**	No change statistically from 2016

2017 Bottom 5 Ranking Scores

	2016		2017		Difference
	UHB	National Average	UHB	National Average	
KF16. Percentage of staff working extra hours (the lower score the better)	**71%**	**72%**	**73%**	**72%**	No change statistically from 2016
KF20. Percentage of staff experiencing discrimination at work in last 12 months	**13%**	**11%**	**14%**	**12%**	No change statistically from 2016
KF18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves (the lower score the better)	**52%**	**60%**	**53%**	**52%**	Deterioration from 2016
KF23. Percentage of staff experiencing physical violence from staff in last 12 months (the lower score the better)	**2%**	**2%**	**2%**	**2%**	No change statistically from 2016
KF4. Staff motivation at work (on scale of 1 – 5, the higher the better)	**3.95**	**3.94**	**3.91**	**3.92**	Deterioration from 2016

APPENDIX 4

Sickness Comparator Data

Acute Sickness Comparator – percentages

	Jan 17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
Birmingham Children's Hospital NHS Foundation Trust	4.28	4.31	3.65	3.58	3.45	3.55	4.20	4.09	3.77	3.95	4.21	4.33	4.73
Birmingham Community Healthcare NHS Foundation Trust	6.27	5.88	4.60	4.59	5.01	5.19	5.54	5.54	5.78	5.95	6.14	6.13	6.61
Burton Hospitals NHS Foundation Trust	4.49	3.51	3.45	3.60	3.65	3.95	4.06	3.95	4.07	4.43	4.92	5.10	5.94
Dudley and Walsall Mental Health Partnership NHS Trust	4.90	4.58	3.35	3.61	3.42	4.01	3.93	3.65	3.98	3.92	5.41	5.53	5.99
George Eliot Hospital NHS Trust	4.17	3.60	3.48	3.30	3.23	4.24	4.23	3.88	3.68	3.84	4.13	4.40	5.47
Heart of England NHS Foundation Trust	4.96	5.57	4.05	4.07	4.14	4.00	4.07	4.35	4.60	4.55	4.96	5.39	5.78
Royal Wolverhampton NHS trust	4.67	4.62	4.11	3.95	3.96	3.98	4.28	4.27	4.11	4.41	4.53	4.70	5.44
Sandwell and West Birmingham Hospitals NHS Trust	4.80	4.68	4.35	4.32	4.61	4.37	4.60	4.42	4.17	4.43	4.66	4.81	5.26
Shrewsbury and Telford Hospital NHS Trust	4.55	4.47	4.31	3.78	4.09	4.24	4.23	4.05	4.03	4.27	4.30	4.51	5.42
South Warwickshire NHS Foundation Trust	4.56	4.25	4.02	4.27	4.17	4.01	3.91	3.74	4.18	4.60	4.81	4.71	5.26
University Hospitals Birmingham NHS Foundation Trust	4.53	4.23	4.03	3.82	3.96	4.00	4.42	4.32	4.41	4.41	4.40	4.57	5.37
University Hospitals Coventry and Warwickshire NHS Trust	4.35	4.14	3.91	3.70	3.74	3.94	4.02	3.75	3.76	4.12	4.48	4.59	5.03
University Hospitals of North Midlands NHS Trust	4.80	4.32	3.88	3.79	3.81	3.88	4.02	3.90	4.00	4.36	4.69	4.62	5.31
Worcestershire Acute Hospitals NHS Trust	5.08	4.21	4.04	4.00	3.82	3.73	3.60	3.98	4.01	4.25	4.60	4.71	4.99

Data from NHS Digital – latest data only published up to January 2018

APPENDIX 5

Casework Outcomes for Cases closed April - March 2017/18

Disciplinary Outcome of Disciplinary Process	2015/16	2016/17	2017/18
Dismissal	15	16	20
Final Written Warning	21	23	14
First Written Warning	24	13	31
Verbal Warning	3	1	4
Pre-disciplinary Counselling	2	4	12
No Case to Answer	8	10	10
Resignation	13	11	9
Other*	-	5	7
TOTAL	**86**	**83**	**107**

Harassment Outcome of Harassment & Bullying Process	2015/16	2016/17	2017/18
Formal Disciplinary Warning	2	1	2
Not Upheld	2	2	5
Pre-disciplinary Counselling	0	0	1
Resignation	1	3	0
Ongoing/Withdrawn	0	0	0
TOTAL	**5**	**6**	**8**

Grievance Outcome of Grievance Process	2015/16	2016/17	2017/18
Upheld	2	1	0
Not Upheld	7	10	6
Withdrawn/ Resolved Informally	1	4	1
Partly Upheld/Moved to alternative policy	0	1	4
TOTAL	**10**	**16**	**11**

MHPS Outcome of Disciplinary and Conduct Process	2015/16	2016/17	2017/18
Dismissal	1	2	1
Final Written Warning	0	1	0
First Written Warning	1	1	0
Pre-disciplinary Counselling	3	3	3
No case to answer	4	2	2
Resignation	2	1	1
Other (informal resolution)	0	0	1
TOTAL	**11**	**10**	**8**

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