**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS**

**THURSDAY 23 JULY 2020**

| | |
|---|---|
| **Title:** | **RESPONSE BY THE WORKFORCE DIRECTORATE TO COVID-19** |
| **Responsible Director:** | **Kevin Bolger, Chief Workforce & International Officer** |
| **Contact:** | **Cathi Shovlin, Director of Workforce, Ext 17601** |

| | |
|---|---|
| **Purpose:** | To present an update to the BOARD OF DIRECTORS on the Workforce Directorate response to the Covid-19 pandemic |
| **Confidentiality Level & Reason:** | None |
| **Board Assurance Framework Ref: / Strategy Implementation Plan Ref:** | BAF - SR5/18 - Unable to recruit, control and retain adequate staffing to meet the needs of patients<br><br>SIP - #11 Optimise workforce supply to ensure sufficient staff and roles to meet patient demand<br>SIP - #13 Foster positive staff engagement and inclusive culture |
| **Key Issues Summary:** | • To report on the delivery of Workforce services which have supported the Trust's response to the Covid-19 pandemic<br>• To report on how the occupational health of our staff has been assured, and how resourcing to meet increased demand has been achieved. |
| **Recommendations:** | The BOARD OF DIRECTORS is asked to:<br><br>1. Receive the report on the Workforce Directorate's response to the Covid-19 pandemic. |

| | |
|---|---|
| **Signed:** K Bolger | **Date:** 13 JULY 2020 |

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**
**BOARD OF DIRECTORS**

**THURSDAY 23 JULY 2020**

# RESPONSE BY THE WORKFORCE DIRECTORATE TO COVID-19

**PRESENTED BY CHIEF WORKFORCE & INTERNATIONAL OFFICER**

## 1. Introduction

1.1 This report sets out the main areas of delivery of the Workforce Directorate in response to the Covid-19 pandemic, up to the end of June 2020. We:

1.1.1 Provided Occupational Health advice and assessment:

(a) Supported 6,861 staff with Covid-related health concerns, symptoms and general issues

(b) Published guidance on health conditions and remaining at work

(c) Delivered a staff testing programme, reporting on 3,913 tests with a 84% negative result for staff

(d) Enabled 2,972 staff with negative results to return to work before the end of self-isolation periods

(e) Enabled all staff, bank workers and volunteers to self-assess their risk factor and define an appropriate risk reduction plan, and undertook 4,884 risk assessments requiring Occupational Health specialist input or assurance

(f) Counselled 360 staff with Covid-related mental wellbeing concerns

(g) Launched a UHB-adapted Babylon app to staff to optimise health and reduce risks within individual control such as obesity.

1.1.2 Reported daily on absence levels and supported return to work or ongoing sickness.

1.1.3 Responded to 60 calls per day from staff and managers seeking HR support.

1.1.4 Established emergency and specialist rotas for medical and dental staff.

1.1.5 Repurposed 741 staff, with the potential to repurpose a further 368 where needed.

1.1.6 Undertook 41 job evaluations to support growth in resourcing needs.

1.1.7 Continued all recruitment activity, interviewing by video conferencing.

1.1.8 Cleared 517 non-medical staff to commence bank work.

1.1.9 Brought back 142 ex-NHS staff.

1.1.10 Mobilised 1,505 staff new to home working.

## 2. Workforce Governance

2.1 All Workforce activity and decision-making related to Covid-19 has been governed by a daily Workforce Advisory Group chaired by the Chief Workforce and International Officer, and comprising the senior leadership team of the Workforce Directorate, and as appropriate the Head of UHB+ and the Director of HR for the Birmingham Nightingale Hospital.

## 3. Occupational Health

3.1 Demand for Occupational Health guidance and intervention has been high. This necessitated moving from a 5-day to a 7-day 12-hour shift service, although in June the level of demand has reduced to the extent that revised hours to the standard 7.5 hour day over 6 days per week have now been implemented.

3.2 Staff Testing

3.2.1 Swabbing of symptomatic staff for Covid virus commenced 03 April. Initial laboratory testing capacity was limited to approximately 30 staff tests per day and priority testing was for those frontline staff in high risk areas. Concerned by the inherent delays in the national approach to testing and reporting of drive-through facilities or postal testing, we developed a system for one-day turnaround that involved the Facilities Department delivering and collecting swabs through its Transport Service for same-day return to the Laboratory. Results are reported by Occupational Health within 24-hours of swabbing.

3.2.2 Testing was opened up to all symptomatic staff on 13 April, and will remain in place.

3.2.3 To the end of June, a total of 3,913 tests were carried out, with 84% of staff receiving a negative result. One quarter of all tests undertaken have been of household members. Testing enabled 2,972 staff to return to work sooner. The testing volume has significantly decreased throughout June to an average now of 13 test requests per day, versus c.150 tests per day at the peak period.

3.2.4 Following testing, each individual is contacted by an Occupational Health nurse advising them of their results and any relevant action that they need to take. These conversations can be challenging and emotional, and have included cases where there has been a death or critical condition in the family due to Covid-19.

Occupational Health has been working with the National Track and Trace service. Where a staff member is identified as Covid-positive by the national service, Occupational Health and the Infection Prevention and Control teams assess the potential for workplace exposure to other colleagues, and if necessary those colleagues who may have been exposed to the Covid-positive member of staff are required to self-isolate. To date, only 2 colleagues have had potential exposure.

3.2.5 Antibody testing has been overseen by the Workforce Directorate and delivered through the Research & Development team enabling staff to share data with consent to an ongoing research project. More than 16,000 staff antibody tests have been undertaken, with testing results remaining within an 18-22% positive window in line with other healthcare settings.

3.3 Shielding and At Risk Groups

3.3.1 On 16 March the Government issued advice to “at risk” groups to shield from social contact for 12 weeks, and in June extended this period to the end of July. Staff not identified for shielding but who had underlying health conditions sought advice from Occupational Health on workplace risks of exposure. Since then, 1,206 Covid-19 enquiries from staff related to underlying health conditions and a further 2,216 related to other personal risk factors or perceived risks.

3.3.2 An Occupational Health document “Occupational Health Guidance on health conditions and remaining at work during the covid-19 pandemic” was produced to standardise advice and was ratified through the Medical and Scientific Advisory Group (MSAG).

3.3.3 A four-tier risk assessment framework was implemented. The risk assessment framework has been made available for all staff, but there has been a targeted focus on those at increased risk due to ethnicity, pregnancy or underlying health conditions.

3.3.4 Tier 1 enabled all staff to undertake a self-assessment and to identify workplace considerations relevant to their risk level. Tier 2 provided escalation of risk concerns for discussion between the member of staff and the line manager. Where risks were unresolved, or staff or managers needed support with identifying appropriate risk reduction measures, these were escalated to Tier 3 for Occupational Health review. At Tier 4, an independent risk review panel assesses complex individual risk factors or risk concerns related to household

members.

3.4 Covid-19 Staff Risk Assessment Panel

3.4.1 A Workforce panel was established to risk assess complex cases or concerns for household exposure. The multi-disciplinary panel comprises:

- Cathi Shovlin, Director of Workforce
- Dr Alastair Robertson, Clinical Service Lead Occupational Health
- Dr Javid Kayani, Deputy Medical Director
- Deputy Associate Director of Nursing (Louise Milligan, Yvonne Murphy or Neil Mallett).

3.4.2 Panels are held twice a week, with the first panel established on 06 April 2020. To the end of June, there were 25 panel sittings resolving a total of 311 cases.

3.4.3 The majority of staff risk assessed by the panel are supported to continue working as normal.

3.4.4 There have additionally been 1,151 shielding staff risk assessed. The majority will be supported to safely return with risk reduction measures where they are unable to work in their role from home, and there are some who will need to be temporarily moved to a new work area. We will be reviewing at the start of August the return rate of those who have been shielding and further reviewing actions for those who do not return.

3.4.5 The risk assessment framework is a dynamic process which evolves in response to new and emerging evidence and changes in transmission rates and the safety of the hospital environment.

3.5 Mental Health Support

3.5.1 We have worked collaboratively with the Chief Nurse's Wellbeing Steering Group, which includes Occupational Health leads.

3.5.2 Occupational Health has an established team of in-house counsellors who offer a solutions-focused therapeutic programme. The counselling service was extended to meet a rising demand including evenings and weekends, and two new counsellors joined the team.

3.5.3 During this crisis period, the number of new counselling clients has doubled, and there have been approximately 360 Covid-specific referrals. The pandemic has often exacerbated underlying difficulties in coping. The majority of staff who have accessed counselling as new clients during this period have perhaps unsurprisingly come from Division 1 (Critical Care) and Division 3 (AMU and Emergency Department), but with a more surprising equivalent volume from Corporate where mental wellness has been impacted by

repurposing, isolation/loneliness and a sense of helplessness as well as Porters and Ward Clerks witness to the impact of increased deaths. Staff at Queen Elizabeth and Heartlands Hospitals have accessed the counselling service more than any other sites.

3.5.4 The mental health needs for counselling have mainly been:

- Anxiety, accounting for 53% of all cases – a 28% increase in anxiety compared to pre-Covid periods;
- Concern for physical or mental health of family members;
- Financial health where unpaid leave has been taken or where other household members have faced job loss or pay loss;
- Bereavement (11% of cases).

3.5.5 We sourced and launched a new Employee Assistance Programme to boost existing counselling provision and staff support, and to provide 24-7 access to an on-demand telephone and online service. It includes triage and crisis level support. A review of usage is scheduled at the end of July.

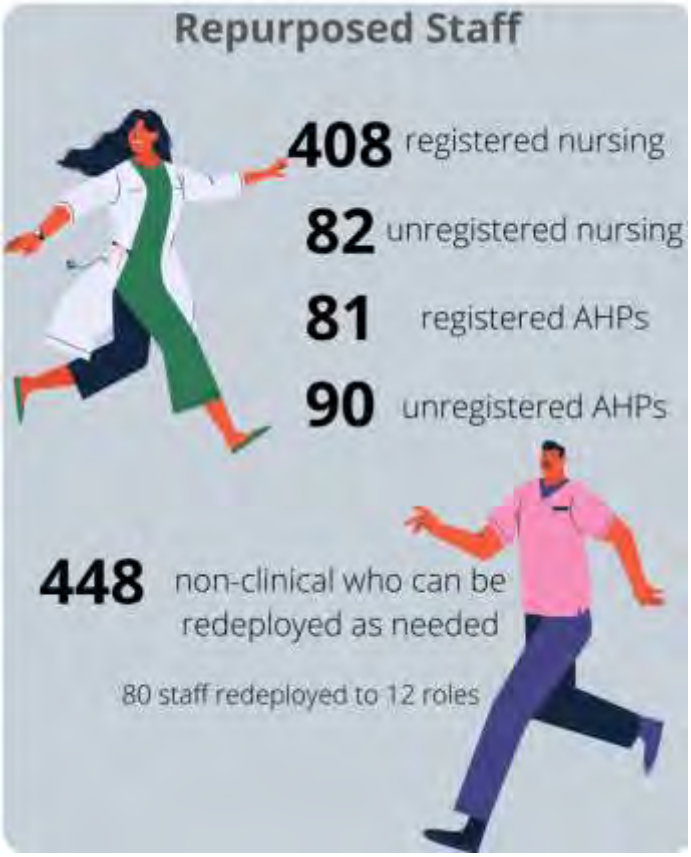
3.5.6 The Director of Workforce, the Occupational Health Psychiatrist and the Counsellors will be combining their mental health skills to develop a sustained clinical programme in Post-Traumatic Growth. We are scoping activity with input from the STP Wellbeing Coordinator to look at providing a model for the STP.

3.6 Babylon Healthcheck App

3.6.1 The Workforce Directorate led the launch of the Babylon healthcheck app to staff, specifically adapted for the Trust and following on from the implementation of the UHB Ask A&E service. Staff can build their own digital twin based on an assessment of lifestyle, medical history and current concerns. Through this app, staff are encouraged to make positive changes to optimise their physical and mental health. The launch included the importance of taking responsibility for personal health to seek to minimise risk factors from any underlying conditions or health risks, highlighting the link between Covid-19 complications and obesity. A communications plan will continue to promote.

## 4. Workforce Planning

4.1 Repurposing the Workforce




4.1.1 Staff working in areas outside of the Covid-19 hot zones were repurposed to support both the frontline response and to backfill roles where staff had been moved to the frontline. Suitable staff were identified, retrained or refreshed, and repurposed. This was achieved through the establishment of multi-disciplinary Clinical and Non-Clinical Repurposing Groups.

4.1.2 To minimise raised anxieties when redeployed, people's skills and experience were matched to available roles to ensure a suitable fit. Existing line managers were key to easing the transition of staff to redeployed areas, and in providing ongoing welfare checks and professional support.

4.1.3 Learning from where repurposing worked well for individuals and departments is being used to inform a model for any future surge.

## 5. Attract and Supply

5.1 In response to Covid-19, significant changes were made to the recruitment process to ensure an agile supply:

- Covid-19 specific job adverts were posted with open-ended dates and a regular sweep of applicants for shortlisting;
- Face to face interviews were replaced with video interviewing;
- Fast track recruitment processes were introduced for pre-registration staff and for 'Returners', 'Refer a Friends' and 'Bring Back Staff' candidates;
- Verification of right to live and work and pre-employment documents was undertaken remotely and checked in person on first day of employment;
- DBS checks were accepted from another employer – or undertaken through fast track DBS service;
- References were reduced to minimum requirement of one from current or previous employer, and start dates agreed pending reference returns;
- Memorandums of Understanding (MOU) have been signed up to by local Trusts, health care providers, University of Birmingham and Royal Centre for Defence Medicine to share workforce without the need for separate employment checks in host location;
- A standard Occupational Health form has been rolled out, reviewed in Recruitment to refer on only positive declarations.

5.2 These changes reduced the time to hire by three days on what was already a heavily streamlined process.

5.3 The Bring Back Staff (BBS) campaign emanated from a national push to attract recently retired staff and was centrally coordinated. Unfortunately, 'clearances' undertaken by the BBS team did not include full pre-employment checks such as Disclosure Barring Service and documentation was not shared, so we had to undertake our own clearances which duplicated activity both for us and for candidates. Candidates referred to the Trust were not well vetted by the national or Midlands team, which meant that significant numbers were unsuitable for deployment (a number were overseas staff/ pregnant/ out of practice for some years). The number of staff the campaign has delivered is relatively small, with only 42 cleared as suitable and available to work out of 219 names put forward, and fewer then taking up offers of shifts.

5.4 We were offered seconded clinical staff from the Department of Work and Pensions which provided 10 registered nurses for work through to July 2020.

5.5 Direct return of ex-NHS staff through UHB past employment or colleague contacts yielded more resource, with 100 clinical staff available.

## 6. Homeworking

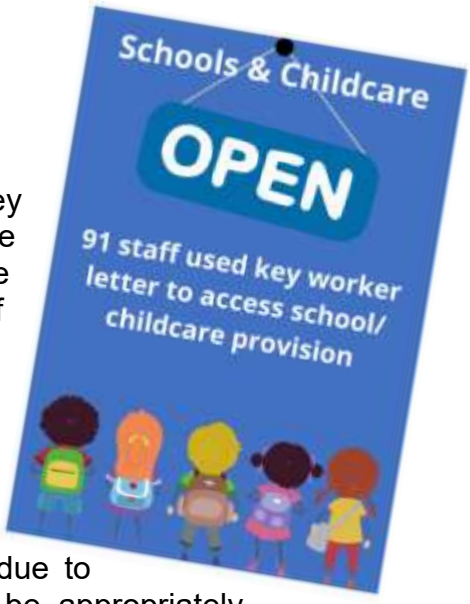
6.1 Pre-Covid, the Workforce Directorate had been preparing to roll-out a homeworking programme which would actively encourage take-up amongst a defined group of Corporate staff. Much of the preparation work that had been undertaken in anticipation of that roll-out was mobilised to support the mass increase in homeworking necessitated by the pandemic. However, at that time the Trust had limited supply of laptops and remote access licenses, and an infrastructure not configured for high-volume remote access.

6.2 A Homeworking Project Group was established by the Workforce Directorate working in collaboration with IT to process and prioritise remote access licenses and equipment requests for homeworking.


6.3 Homeworking enabled staff to continue working, including those shielding, minimising any negative impact on service delivery and productivity and avoiding significant disruption. It also supported frontline services by reducing staff presence onsite so that social distancing could be maintained, reducing transmission to reduce overall admission.

6.4 A survey of homeworkers and their managers, with 65% of regular homeworkers responding, revealed homeworking has been positively viewed. The findings are informing training, guidance and support to keep staff at home happy, healthy, engaged and productive as we move in to a longer-term arrangement. Further work is also being undertaken to embed homeworking in recruitment and to enhance use in clinical areas.

## 7. Workforce Logistics




7.1 Schools/Childcare

7.1.1 In response to school closures and key worker school/childcare provisions, we collaborated with local authorities in the Midlands to ensure adequate levels of service were maintained for our staff to attend work. Letters for staff to evidence key worker status were provided to 91 staff. Only 17 staff reported as absent due to school closures. Some staff have not felt comfortable to send their child to their usual provision or an alternative provider due to concerns that their health needs will not be appropriately met, and a change to evening and weekend work gave rise to childcare difficulties for some medics. Schools are planning to close for summer holidays but we have worked closely with local authorities who are developing a timetable of activities to minimise key worker impact.

7.2 Transport


7.2.1 Collaborating closely with Transport for West Midlands and the Birmingham and Solihull STP, from 01 April a free shuttle bus service from key regional pick-up locations to main hospital sites was provided. The most used service for our Trust was between Sutton Coldfield Rail Station and Good Hope Hospital. In total there have been 382 UHB staff journeys to the end of June.

7.2.2 Staff were given free travel from 03 April on most bus and tram services which is now drawing to a close.

7.3 Accommodation

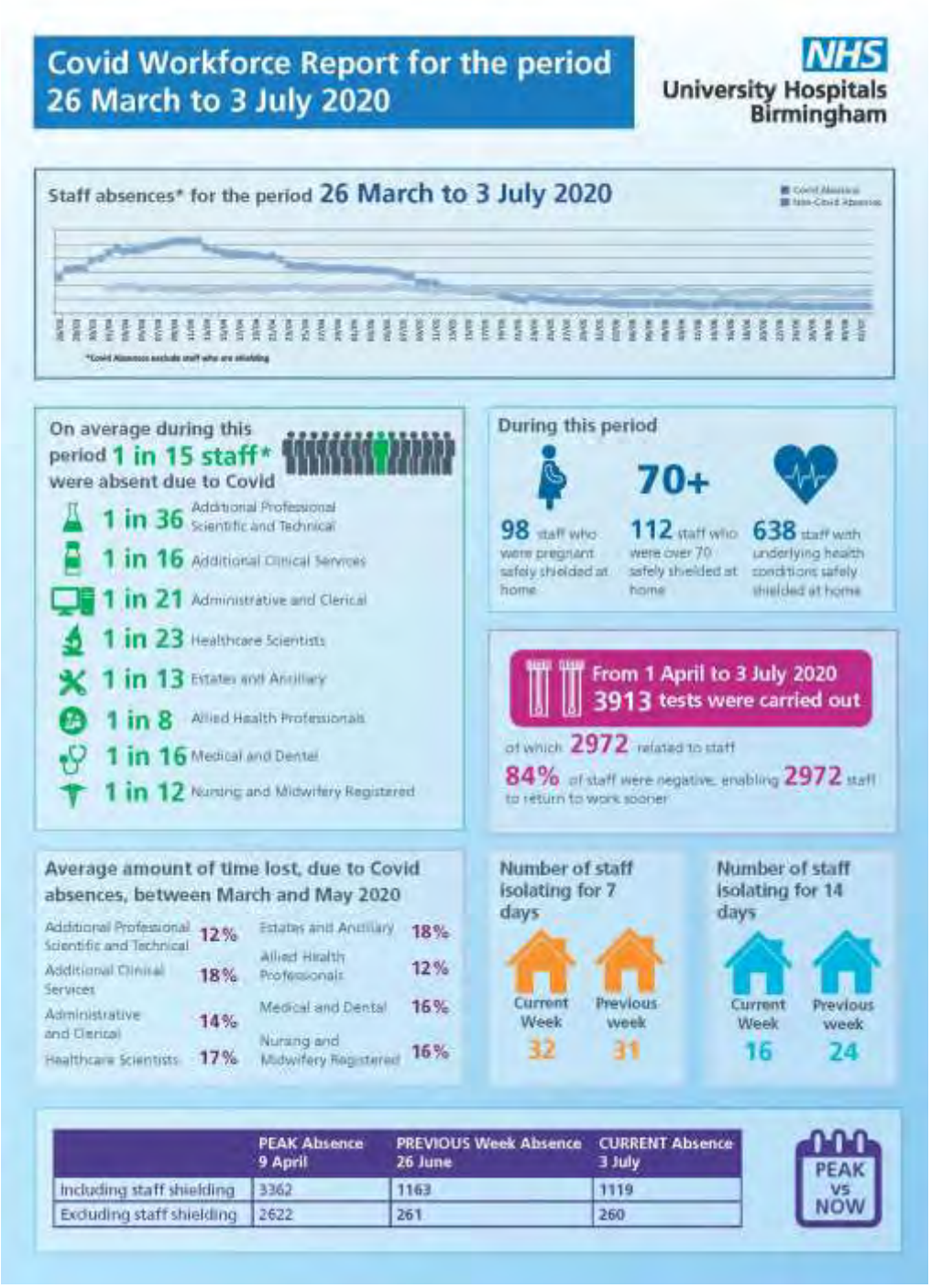
7.3.1 Accommodation has been sourced and managed for staff through the Facilities Department. Where staff have had a household member who has been symptomatic, or a vulnerable household member shielding, this has enabled staff to remain at work. Approximately 200 staff have been able to stay at work and stay safe through access to accommodation.


## 8. HR Advice and Guidance

8.1 During March and April, our HR First Contact advisory service supported staff and managers with Covid-specific concerns and queries.

8.2 HR First Contact was extended from a Monday to Friday service to a 7-day service throughout the crisis period when more than 60 enquiries per day were being received. We have since been able to restore the service to normal hours.

## 9. Absence Management




## 10. Workforce Policies and Procedures

10.1 Streamlining and derogations

10.1.1 To manage workforce priorities through the Covid-19 pandemic, we have taken active steps to review and vary existing policies and procedures to better deliver on crisis needs. This has included fast track recruitment clearances, reducing the 14-calendar day break for

retire-and-returners to 1-day, changes to the calculation of sick pay and absence periods for Covid-related sickness, and issuing fast track disciplinary sanctions in writing only.

10.2 Annual Leave

10.2.1 During the April period of the crisis response and rotas, clinical staff were requested to cancel annual leave. Although staff were not compelled to cancel annual leave, many did so.

10.2.2 Easter bank holiday Friday and Monday were re-categorised as standard working days for all staff, including non-clinical roles. Leave in lieu was assigned to all staff who worked the bank holidays.

10.2.3 Staff are now being actively encouraged to plan for and book annual leave to allow appropriate rest and recovery.

## 11. Business as Usual in Unusual Circumstances

11.1 There was a 50% decrease in reported issues of workplace disputes and staff conflict during Phase 1, and a similar decrease in referred conduct concerns. We are yet to understand whether this is due to improved team dynamics and general willingness to be empathetic to the needs of others, or a raised tolerance threshold, or issues parked; we anticipate finding it is a combination of all three factors with the greatest number accounted for in team dynamics and tolerance thresholds. As we move through Phase 2, we are seeing the issues rise again and are scrutinising root cause to ensure cases are managed sensitively, and underlying issues are addressed.


## 12. Conclusion

There is much that the Workforce Directorate will reflect on from the activity undertaken and the agility with which that has taken place to determine what we should stop, start or continue doing as a function as a result of the changes we achieved through Phase 1. This will ultimately redefine the way we deliver Workforce services moving forward, and will secure a more integrated form of collaboration across divisions and functions.

**Kevin Bolger**
**Chief Workforce & International Officer**
**13 July 2020**