

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 29 JULY 2021**

Title:	PEOPLE REPORT
Responsible Director:	Lisa Stalley-Green, Chief Nurse Cathi Shovlin, Director of Workforce
Contact:	Cathi Shovlin, Director of Workforce

Purpose:	To present an update to the Board
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 SIP - #11 Optimise workforce supply to ensure sufficient staff and roles to meet patient demand SIP - #12 Provide high quality education and training to support a highly skilled and effective current and future workforce SIP - #14 Embed a comprehensive leadership development programme across the Trust
Key Issues Summary:	<ul style="list-style-type: none"> • Workforce capacity is a key risk and increasingly challenging, and this report sets out the current status against turnover, staff availability and recruitment, and planned solutions. • Organisational change management is progressing to support the Capacity Expansion Programme, with significant numbers of staff impacted. • Employee relations updates are provided on informal resolutions, formal cases and policy/procedure updates. • Leadership development programmes of work are in progress to improve the overall staff experience. • A national Pay Award has been announced.
Recommendations:	The Board of Directors is asked to receive and discuss the content of this report.
Signed: Cathi Shovlin	Date: 21 JULY 2021

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 29 JULY 2021

PEOPLE REPORT

PRESENTED BY CHIEF NURSE AND DIRECTOR OF WORKFORCE

1. Introduction

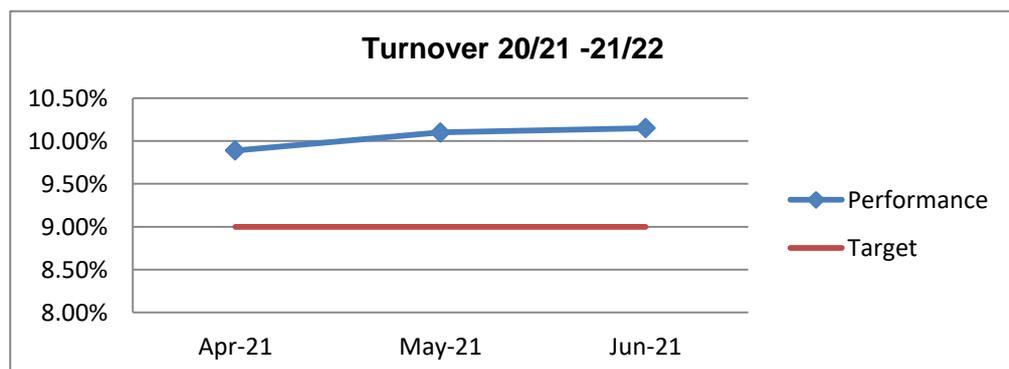
- 1.1 The aim of this paper is to provide an update to the Board on key people areas of focus across our people agenda. The Board of Directors is requested to discuss the contents of this report.
- 1.2 This is the first People Report produced under this new standing agenda item. We are working on the content and format for future reports to provide coherent and holistic oversight, collaborating with all key workforce contributors.

2. Workforce Capacity

- 2.1 Workforce capacity is a key risk to backlog recovery plans, and is also a risk to the workforce itself as pressures mount unrelentingly. Specific work has been undertaken to understand workforce capacity post-Covid at Trust and ICS system level. The carry forward of annual leave, an increase in maternity leave, pregnancy shielding requirements post 28 weeks, and Covid-contact self-isolations have had the most significant impact. The pressure on existing workforce highlights the need for additional capacity to be created with a mix of permanent and accelerated temporary staffing solutions as we support our staff in their own recovery whilst recovering services and addressing patient backlog.

2.2 Turnover

- 2.2.1 During Q1 turnover rose from a 12 month rolling rate of 9.89% in April to 10.15% as at June 2021.



- (a) The top three reasons for leaving (measured on a 12 month rolling basis) were retirement, work life balance and relocation.
- (b) Staff groups that are above our Trust-wide turnover level are Professional Scientific & Technical (19.22%), Allied Health Professionals (12.15%) and Nursing & Midwifery (10.95%).

Turnover by Staff Group (Measured on a 12 month rolling basis ending June 2021)

Staff Group	Turnover %	Average	12 Mth Leavers
		12 Mth Headcount	
Professional Scientific & Technical	19.22	739	142
Additional Clinical Services	10.64	3768	401
Admin & Clerical	9.15	4119	377
Allied Health Professionals	12.15	1267	154
Estates & Ancillary	8.18	1945	159
Healthcare Scientists	8.59	699	60
Medical & Dental	4.36	1171	51
Nursing & Midwifery Reg	10.95	6038	661
Total	10.15	19745	2005

- (c) Turnover hotspots by division and staff group have been identified at the end of Q1 and are being examined through the relevant divisions. Pharmacy (23.16%) has had the highest turnover of all speciality areas.

Turnover Hotspots (measured on 12 month rolling basis ending June 2021)

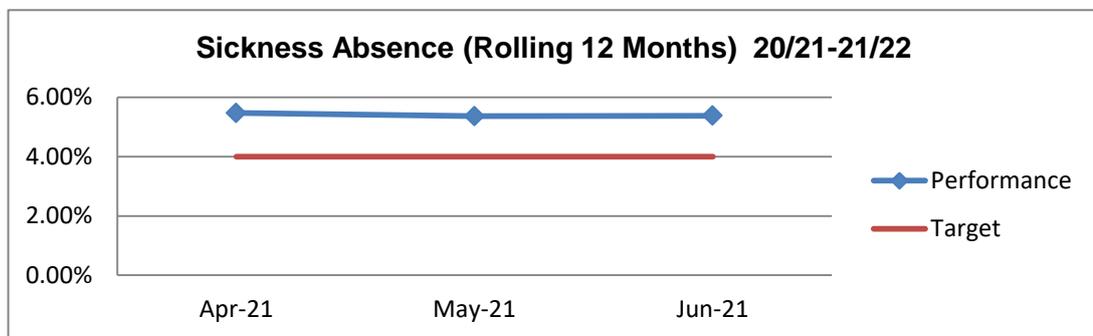
Division	Specialty	Staff In Post	Leavers	%
DIV 1	PHARMACY	393	91	23.16
DIV 3	3B05 THERAPY SERVICES	1066.5	170	15.94
DIV 4	2B04 ENDOSCOPY & GASTRO MEDICINE	222.5	27	12.13
DIV 4	4B05 OUTPATIENTS CLINICS	455	59	12.97
DIV 5	5A01 5A WARDS	326	44	13.50
DIV 5	5B01 5B WARDS	373	59	15.82
DIV 6	6A07 PAEDIATRICS	359	44	12.26

2.2.2 Progress against our workforce plan shows modest growth during the period, balancing recruitment and an anticipated rise in turnover post waves one to three of the pandemic.

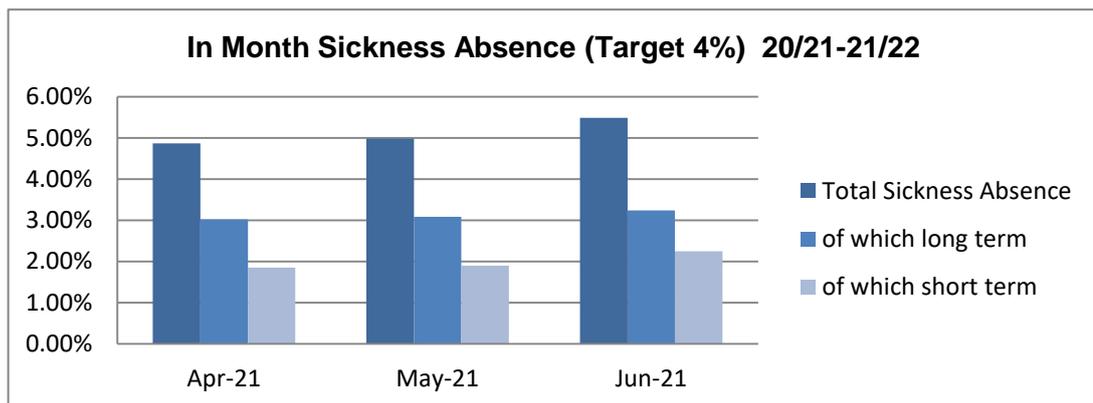
2.2.3 Workforce analytics requirements have been outlined through a project supported by Liaison Workforce to create a platform for data insights and forecasting. The project is in progress with Information Governance in relation to the DPIA and Legitimate Interests Assessments.

2.3 Staff Availability

2.3.1 Staff absence saw a small decrease from a 12-month rate of 5.47% in April 2021 to 5.38% to June 2021. By comparison, the 12-month rolling absence rate at the same point last year was 5.73%.



2.3.2 In-month sickness has, however, increased over Q1 from 4.87% in April 2021 to 5.49% in June 2021, but through July has been rising such that at the time of writing it is 5.7% (1.42% Covid-related and 4.28% non-Covid). Long-term sickness dominates.



2.3.3 Between April and June 2021 Covid-related absence decreased from 190 to 126 staff absences, but has sharply risen through July to 379 at the time of writing. This has been a combination of staff testing positive, staff needing to isolate due to track-trace contact, as well as school bubbles being burst.

2.3.4 The Government announced on 19 July 2021 a scheme for isolation exemptions for NHS staff. We have developed an agreed ICS protocol for this. The exemption applies only in exceptional circumstances where there is a risk to health or safety resulting from staff absence through the provision of a reduced level of care, and would mean that staff who have been identified as a contact of a case of Covid-19 and who are fully vaccinated (more than 14 days after the second dose) may be able to continue in their role, although they will still be required to self-isolate at all other times outside of the workplace for the specified duration. The decision to allow staff to attend work will be made on a case by case basis, after a Covid-19 Self-isolation Exemption Decision Assessment has been completed by the line manager, and then only after authorisation by the Director of IPC or Deputy Director IPC.

2.3.5 Work is underway at Divisional level to plan actions to improve staff health and wellbeing, including provision of additional support through wellbeing hubs, Mental Health hubs, team resilience, and signposting to online resources. Clearly workforce capacity solutions are also key to improving the overall absence as exhausted staff become further pressured by staff shortages, exacerbating ill health.

2.3.6 The Occupational Health Service is seeing a rise in referrals across all provision:

2021	April	May	June	Total
Clinical Reviews				
New referrals	183	213	283	679
Reviews	238	223	347	808
Advice to managers	34	38	36	108
Covid				
Positive Staff swabs	7	2	21	30
Positive household swabs	3	0	4	7
Advice to staff member	75	35	102	212
Counselling				
New referrals	32	42	40	114
Reviews	76	76	105	257

2.3.7 The majority of clinical reviews are addressing psychological needs (30% of cases) and musculoskeletal issues (22% of cases). Covid-related issues, respiratory conditions and skin concerns make up the majority of all other cases.

2.3.8 The main cause of sickness absence remains stress, anxiety and psychological problems, exacerbated by the pandemic experience of the past 18 months. Staff are being supported through welfare checks in absence reviews and through graduated returns. There

are referrals and signposting to specialised support services such as counselling, physiotherapy, mental health hubs, wellbeing hubs and online resources.

- 2.3.9 Themes impacting mental health are anxiety, feeling overwhelmed – by workload and/or family issues, bullying and harassment, and bereavements.
- 2.3.10 As at June 2021, there are 126 staff identified as absent due to post Covid (Long Covid) symptoms. Occupational Health and the Trust's Long Covid service are working closely to support and rehabilitate affected staff, and have also planned a joint engagement activity to bring forward unidentified affected staff who are at work but may be struggling unknown. They are also planning joint engagements with managers to provide them with appropriate guidance on supporting affected staff.

2.4 Recruitment

- 2.4.1 During the past 3 months the recruitment activity has remained high, with 1,767 candidates successfully recruited (1,516 substantive and 251 bank staff). In the same time period pre-pandemic we would have seen c.675 recruits. The highest number of recruits are in Nursing and Midwifery (687), Additional Clinical Services (410) and Administration (334).
- 2.4.2 The average time to hire over the past 3 months has been 22 days against a KPI of 21 days. Resourcing is being strengthened to accelerate clearances, as well as considering further safer streamlines.
- 2.4.3 The Trust has NHSE/I funding support to recruit 80 International Registered Nurse by 31st Dec 21, with 47 posts already offered and the first group of staff arriving mid-August 2021. Most of the nurses will be subject to quarantine on UK arrival and then will commence resettlement, induction and orientation. We have also committed at Birmingham and Solihull ICS to continue expansion of international recruitment.
- 2.4.4 International Nurse recruits will need to register with the Nursing & Midwifery Council, and they will be supported through a preparation programme to complete their final test of competence to be deployed into the practice setting to commence their local induction. Candidates that successfully complete their test of competence should have their professional registration within 12 weeks of arrival in the UK.
- 2.4.5 All arrivals are being offered accommodation for 3 months, planned arrival activities to include registering with a bank / NHS GP &

Dentist. The team leading this programme are working closely with the Trust Inclusion and Chaplaincy teams to ensure that we have a strong focus on pastoral support, with planned activities to ensure that our existing internationally trained nurses will support induction and relocation.

2.5 Retention

- 2.5.1 A Talent Management Framework is under development to enable managers within the Trust to attract and retain highly skilled staff, whilst ensuring succession plans for future workforce demands. Piloting will be prioritised in areas of high vacancy and high turnover.
- 2.5.2 Birmingham and Solihull ICS People Board has secured NHSEI funding for a Retention Programme of our 80,000 health and social care staff. As the SRO for the workforce transformation workstream for the ICS, the UHB Director of Workforce is overseeing this programme which is being led by the Trust's OD and Workforce Planning and Analytics teams for the system. A range of interventions have been identified and these will be targeted at professions/roles or areas where there is the greatest need in terms of current retention priorities and forecast risk. The work planned will extend across health and social care and will also extend into primary care to complement the work programmes already in place.
- 2.5.3 Preliminary analysis of data for the ICS Retention Programme identifies specific areas of focus:
- Develop an understanding of why BSol is a net exporter of registered Nurses
 - Greater flexible working
 - Improved and equitable career progression opportunities
 - Improved team working
 - Improved health and wellbeing of our staff
 - Further in-depth analysis of staff 'reasons for leaving'.

2.6 BSol ICS capacity solutions

- 2.6.1 The BSol People Board has committed to collaboration on addressing capacity challenges across the system, prioritising points of need.
- 2.6.2 At the start of the pandemic Memorandums of Understanding (MoUs) were created to ease staff mobilisations across organisational boundaries. There were multiple MoUs created which sometimes slowed down deployment as organisations sought to understand which MoU applied. The MoUs were also developed for what was perceived as short-term need in emergency planning mode, and so not wholly fit for the longer term requirements we now

face. A new Workforce Sharing Agreement has been put in place for the ICS which all system providers have signed up to, and that is held by the UHB Director of Workforce as ICS SRO.

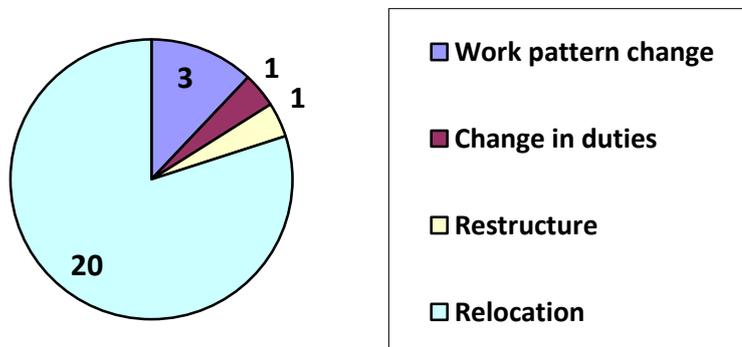
2.6.3 The BSol People Board has agreed to set up an ICS Bank, which UHB will lead on. Provider priorities for temporary staffing solutions have been identified. It is envisaged that the ICS Bank will draw on the ICS Covid Vaccine Bank which UHB had also been the lead employer for. Work has already progressed engaging with the Covid Vaccine Bank to undertake talent assessments. There is positive interest to fulfil shifts beyond vaccinations, for both clinical and non-clinical work which is encouraging. A recruitment campaign for capacity beyond the Covid Vaccine Bank is in first draft stage, to be imminently launched.

2.6.4 It has also been agreed to establish a BSol Reservist Workforce as part of a national pilot, and again UHB is leading on this for the system. This programme is modelled loosely on the Army Reservists, and would create a pool of ready-to-deploy reservists to tackle short-term surges and winter pressures in both clinical and non-clinical capacities. Reservists commit to provide a minimum number of days per year; this will enable us to have full sight of available surge capacity. As well as direct recruitment, we will be engaging with local employers to develop community and corporate social responsibility partnerships.

3. Workforce Transformation

3.1 From the period April to June 2021, a total of 37 change management consultations have been supported.

3.2 The chart below provides an overview of the current live change programmes, the majority of which relate to staff relocations:



Of the 20 relocation projects, 19 are part of the Capacity Expansion work pertaining to staff located on floors 0-4 of East Block in the Queen Elizabeth

Hospital Heritage Building, and staff based on floors 1, 2 and 3 at Yardley Court. The proposed measures are to increase clinical space in response to the pandemic recovery, returning East 1 and East 2 to inpatient ward use.

- 3.3 This change programme is significant in scale, affecting 483 staff and impacting 19 Specialties/Departments. The proposals require staff 'in scope' to consider new ways of working including a continuation of home working and the set-up of agile arrangements, such as hot desk sites at both QEHB and Yardley Court.
- 3.4 Engagement activity for Capacity Expansion is underway, working closely with Staff-Side colleagues as well as Estates, Capacity Planners, IT and Communications, to support our staff through this significant change. Further support is being provided by a coordinated effort between the OD and Inclusion and Wellbeing teams, to ensure staff have the appropriate support to adapt to new ways of working while maintaining their wellbeing and their sense of belonging to their team and the wider Trust.
- 3.5 In addition, a further Capacity Expansion programme 'Project Aston' is affecting staff within the Education Centre and Frank Kerr building. Scoping is underway.

4. Employee Relations

- 4.1 We are engaging constructively with our trade union representatives. Whilst there are tensions given all that our staff have endured and how unrelenting the workforce pressures, we know that the best interests of patients and staff are our common ground and this forms the basis of how we are moving forward in partnership to achieve an appropriate balance in both. We have stepped up our routine Joint Consultative Committee meetings to weekly so that we can keep our union colleagues up to speed with the pace of developments, and the Director of Workforce is additionally holding regular meetings with the Staff-Side Chair and Vice-Chair.
- 4.2 Formal Casework
 - 4.2.1 During the period April to June 2021 there have been 38 new formal cases, and 70 cases were closed.
 - 4.2.2 There have been two Employment Tribunal claims lodged in the period April to June 2021.
 - 4.2.3 Pro-active measures are being taken to resolve cases at the earliest opportunity without recourse to formal investigations. There have been 18 informal resolutions since April, including 3 mediations. We are clear that only when informal resolution has been pursued and does not resolve a matter should formal investigation processes be instigated. There is weekly monitoring in place to assure this.

4.2.4 Embedding a just and learning approach to resolution of cases will be a key focus for the coming months. Compassionate enquiry is being made in to alleged misconduct to understand whether there are mitigating circumstances, and whether from that there are not only lessons to be learned so that an individual can be supported but to prevent similar misconduct amongst others. We are being particularly sensitive to the heightened stress and anxiety levels which may be a contributory factor to cases being referred for disciplinary. This has been discussed with our Staff-Side Chair and Vice Chair who are pleased with this acknowledgement.

4.3 Policies and Procedures

4.3.1 A Fair Employment Policy (previously Equal Opportunities) has been consulted on with management and Trade Unions, and has also been reviewed at Policy Review Group. It will now be progressed for final sign off.

4.3.2 A Fixed Term Employees Procedure is just concluding through consultation.

5. Ockenden Report – investment from NHSEI to support improvements in maternity services

5.1 Following the publication of Donna Ockenden's first report from the independent review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust, NHS England and Improvement has identified funding to support sustained improvement in maternity services. The Trust's total allocation for 2021/22 has been confirmed as £697,617, to be spent on activity relating to this financial year.

Funding Element	Funding Purpose	Allocation
1	Total Midwifery Workforce (inc. MDT provision) 16.9 WTE <ul style="list-style-type: none"> • To increase midwifery establishment by 10.9 WTE • To provide MDT training (6.0 WTE equivalent) Total	£356,899 £195,318 £552,217
2	Total Obstetric Workforce (inc. MDT provision) 1.0 WTE <ul style="list-style-type: none"> • To increase obstetric workforce by 0.9 WTE • To provide MDT training (0.1 WTE equivalent) Total	£96,361 £15,745 £112,106
3	MDT Training for other staff groups working in maternity	£33,294
	TOTAL ALLOCATION FOR 2021/22	£697,617

	Payment timings:	
	66% to be paid in August 21	£460,428
	34% to be paid in December 21	£237,190
	Total	£697,617

5.2 Funding is offered on the basis that the trust will utilise it to:

- Increase its midwifery establishment (element 1 outlined below) and has sufficient plans in place to recruit new substantive band 5/6 midwives by March 2022, rather than fund short term recruitment or temporary roles
- Ensure obstetric leadership to promote and develop monitoring of fetal wellbeing and twice daily consultant ward rounds (element 2) through additional consultant programmes activities
- Ringfence funding for MDT training as set out in the core competency framework.

5.3 We will put in place robust plans and processes to support recruitment to midwifery and obstetric vacancies within its maternity establishments, and ensure MDT training is undertaken. A Monthly Provider Workforce Data Collection (PWR) will be submitted. Progress reports will be provided against all elements of funding.

6. Leadership and staff experience

6.1 It has been an extraordinary 18 months for UHB. There has been a growing sense that now is the time to revisit our values, to make sure they are kept relevant and reflect this new phase of our organisation. A values refresh programme has been planned, led by our Trust Chair, supported by Staff Engagement and a cross-Trust group of colleagues. A series of workshops are scheduled for July to September to seek staff feedback.

6.2 A new Building Healthier Teams programme for our 2,000 First Line Leaders (Bands 3 to 6) was launched at the end of March. The purpose is to connect and inspire this group of leaders so they can learn from each other, share good practice, and feel valued and supported. The programme has a dedicated website portal, and is regularly updated with new content: <https://buildinghealthier.co.uk/>. Leaders can engage with it on-the-go and in ways that suit their individual work patterns. There is positive engagement with this programme. Leaders play a critical role in how staff feel about their work and so we expect this programme to have a significant impact on overall staff experience across all disciplines.

6.3 Funding has been secured for a leadership conference, planned for Autumn 2021.

7. Pay Award

7.1 At the time of writing it has just been announced that the Government has

accepted the NHS Pay Review Bodies' recommendations of a 3 per cent pay award uplift for NHS staff within the scope for this year's remits (excluding any staff already covered by a multi-year pay deal). The pay award will be backdated to 1 April 2021. Unfortunately, the national network of Directors of HR found out about the pay award after the media and so we will prepare further updates and reactions.

8. Recommendation

8.1 The Board of Directors is asked to receive and discuss this report.

Cathi Shovlin
Director of Workforce

21 July 2021