

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**THURSDAY 28 OCTOBER 2021**

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

<b>Purpose:</b>	To present an update to the Board
<b>Confidentiality Level &amp; Reason:</b>	None
<b>Board Assurance Framework Ref: / Strategy Implementation Plan Ref:</b>	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
<b>Key Issues Summary:</b>	<ul style="list-style-type: none"> <li>• During what continues to be an extraordinarily challenging time for the Trust and our people, workforce capacity is a key risk and pressure point. This report sets out the current status against turnover, staff availability and recruitment, and provides oversight and assurance on planned solutions.</li> <li>• Attraction and retention strategies for creating the fairest, healthiest, safest place to work and to grow your career are being progressed through multiple workstreams to ensure a holistic multi-disciplinary approach that touches all of our people at all levels.</li> <li>• Occupational health and staff wellbeing services continue to offer wide-ranging support, and support services for staff experiencing long-covid are enhanced.</li> </ul>
<b>Recommendations:</b>	The Board of Directors is asked to receive and discuss the content of this report.
<b>Signed:</b> Cathi Shovlin	<b>Date:</b> 20 OCTOBER 2021

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THURSDAY 28 OCTOBER 2021

## PEOPLE REPORT

### PRESENTED BY CHIEF NURSE AND DIRECTOR OF WORKFORCE

#### 1. Introduction

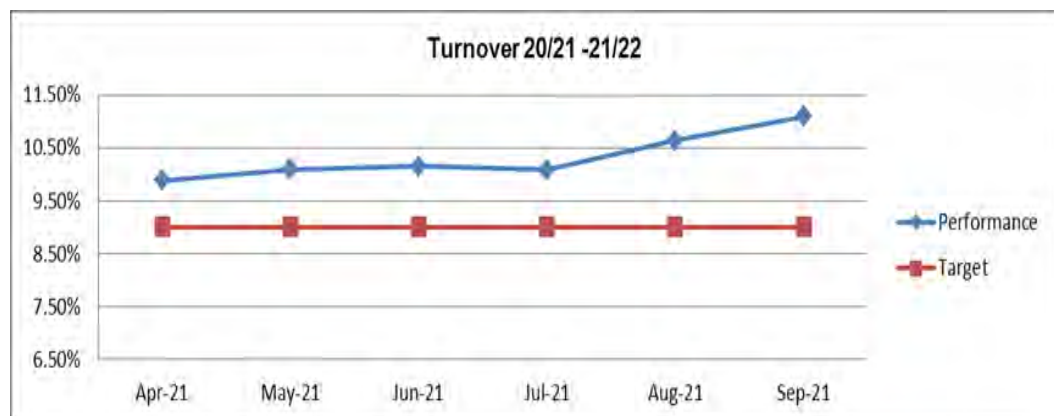
- 1.1 The aim of this paper is to provide an update to the Board on key workforce areas of focus across our people agenda. The Board of Directors is requested to discuss the contents of this report.
- 1.2 This report brings together Trust-wide work being progressed under HR, OD, Occupational Health and Wellbeing, Fairness, Staff Experience and Leadership, and Education. The paper identifies workforce risks and challenges, and outlines key actions being taken to look after our people, create belonging in our Trust and within teams, to develop new ways of working and delivering care, and to grow our people for the future.

#### 2. Workforce Capacity

- 2.1 By the end of Q2, the substantive workforce has reduced by 159.47 wte. This has been largely due to reductions in Registered Nursing and Midwifery, Allied Health Professionals and Additional Clinical Services. A seasonal dip in the workforce is seen in previous years and is therefore not uncommon, and it is expected that both international and newly qualified recruits will boost again the substantive position for qualified posts.

#### 2.2 Turnover

- 2.2.1 Turnover has risen from a 12-month rolling rate of 10.15% in June 2021 to 11.04% as at September 2021, a rise of 0.89%.



- (a) The top three reasons for leaving (measured on a 12-month rolling basis) are work-life balance, retirement, and relocation.
- (b) Staff groups above the Trust-wide turnover level are:
- Professional Scientific & Technical (19.75%);
  - Allied Health Professionals (14.48%);

- Nursing & Midwifery (11.83%);
- Additional Clinical Services (11.48%).

**Turnover by Staff Group and by Division/ Specialty** (measured on a 12-month rolling basis ending September 2021)

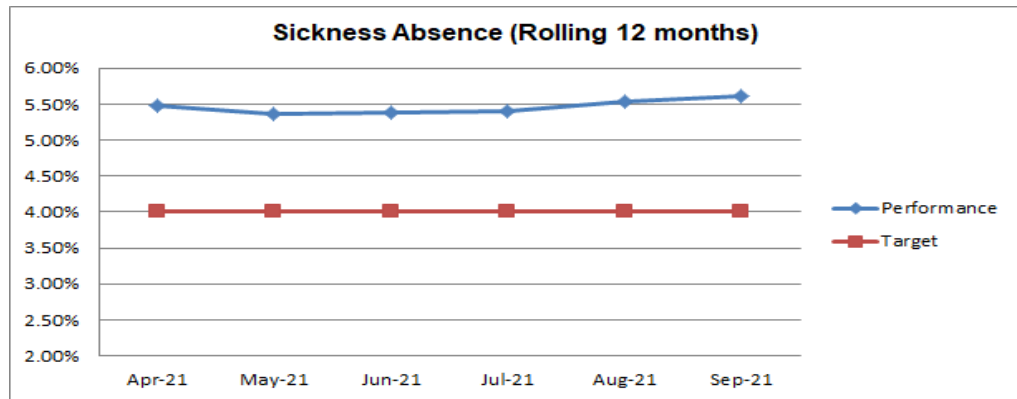
Staff Group	Turnover %	Average 12 Month Headcount	12 Month Leavers
Professional Scientific & Technical	19.75	729	144
Additional Clinical Services	11.48	3,738	429
Administrative & Clerical	10.12	4,100	415
Allied Health Professionals	14.48	1,278	185
Estates & Ancillary	9.32	1,932	180
Healthcare Scientists	8.85	701	62
Medical & Dental	3.91	1,177	46
Nursing & Midwifery Registered	11.83	6,003	710
<b>Total</b>	<b>11.04</b>	<b>19,656</b>	<b>2,171</b>

Division	Specialty	Staff In Post	Leavers	%
DIV 7	Discharge Lounge	36.5	10	27.40
DIV 1	Pharmacy	383.50	85	22.16
DIV 1	Day Surgery & Admissions Lounge	186.5	38	20.38
DIV 3	Therapy Services	1,059.5	206	19.44
DIV 5	5B Wards	382.5	66	17.25
DIV 2	Respiratory Medicine	187.5	29	15.47
DIV 4	Endoscopy & Gastro Medicine	220	33	15.00

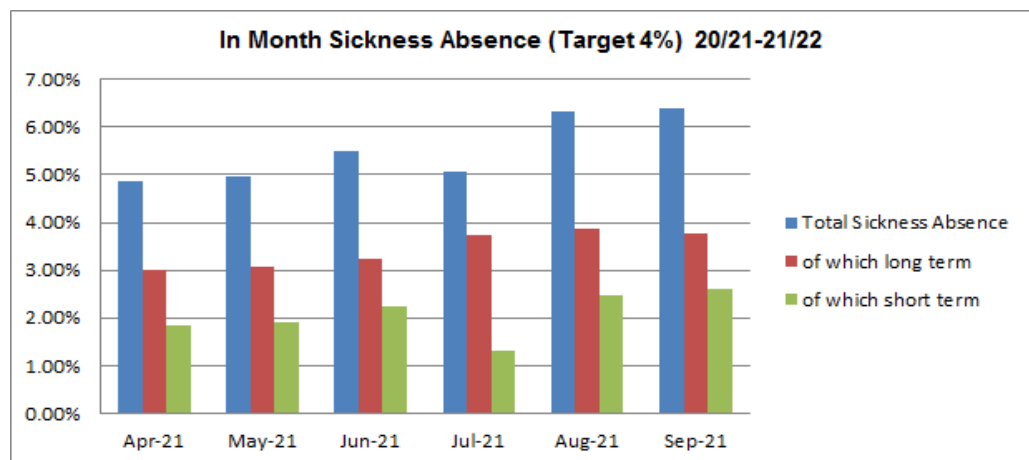
Turnover hotspots were identified at the end of Q1 (measured on a 12-month rolling basis ending September 2021) and examined through Divisional Boards. Diagnostic engagement will seek to understand and control. We have active and constructive engagement from staffside colleagues on turnover trends and hotspots.

## 2.3 Staff Availability

- 2.3.1 The 12-month rolling rate for sickness absence has increased from 5.64% as at the end of Q1 to 5.68% as at the end of Q2. This is a 0.72% rise on the same point pre-pandemic (4.96% end of Q2 2019).



- 2.3.2 In-month sickness absence has also risen from 5.49% as at the end of Q1 to 6.38% as at the end of Q2, and that compares to 5.39% at the same point pre-pandemic (October 2019). Absence rates have risen across all Divisions, with the exception of Division 7 where it has decreased by 0.03%.



The top 3 reasons for sickness absence continue to be psychological illnesses, musculoskeletal problems and infectious diseases (predominantly Covid-19).

Absence Reason (sorted by latest month)	2021 06	2021 07	2021 08
S10 Anxiety/stress/depression/other psychiatric illnesses	25.22%	25.99%	25.25%
S12 Other musculoskeletal problems	11.52%	12.20%	11.07%
S27 Infectious diseases	5.54%	7.94%	8.83%

- 2.3.3 Covid testing for staff has trebled during Q2, and Covid-related absences have further increased during Q2. In headcount terms, this has risen from 126 to 227 staff absent either symptomatic or isolating due to a household member testing positive.

## 2.4 Recruitment

- 2.4.1 During the past 3 months recruitment activity has remained high, with 1,909 candidates successfully recruited (1,493 substantive and 416 bank staff). In the same time period pre-pandemic we would have seen c.631 recruits, showing a trebling of activity that reflects mostly the growth in services to meet pandemic demands and partly the increased turnover. The highest numbers of recruits are in Additional Clinical Services (533) Nursing and Midwifery (499), and Administration (432).
- 2.4.2 With recruitment activity three times normal levels, there has been an increase in the average time to hire during Q2, rising above a maximum target of 21 days to 24 days. An increased level of additional resources has therefore been mobilised to support the team in candidate clearances.
- 2.4.3 The Trust received NHSE/I funding to recruit 80 internationally qualified nurses during 2021, 60 placed in Theatres and 20 in Critical Care. All 80 nurses have been interviewed and 9 nurses from cohort 1 have passed their test of competence and are awaiting their NMC registration. Cohort 2 (20) arrived early October 21 and are undergoing induction, training and induction. The international nurses recruited have a range of backgrounds, skills and knowledge which will enrich the diversity and skill mix within the Trust. Many are very experienced people that have chosen the Trust to further expand on their skills within a peri operative practice and critical care.
- 2.4.4 It is anticipated that there may be some unplanned delays in all aspects associated with the recruitment of international staff due to pandemic situations in the country of origin. These can range from internal lock downs, delays with embassy documentation and Covid sickness absence in any element of the pathway.

## 2.5 Retention

- 2.5.1 BSOL ICS is delivering a system-level programme of work, funded by NHSE/I to identify key areas of focus and action to improve retention.
- 2.5.2 UHB, through the Organisational Development department, have led on this project, creating a steering group of members from health

and care provider across the ICS. More locally, the OD team have begun working with Division 1 to pilot talent assessments with a view to grow and retain talent internally, particularly where there are recruitment and retention challenges.

2.5.3 A project plan is in development, for submission to the ICS People Board at the end of October 2021. Streams of work being explored based on data insights include:

- a) Looking after our People
  - Supporting the health and wellbeing of our over-50 workforce;
  - Supporting the health and wellbeing of carers;
  - Recognising and celebrating the work of our people;
  - Increasing satisfaction with work life balance.
- b) Belonging
  - Ensuring that we are open, inclusive and our people have a voice that is heard;
  - Making the workplace inclusive.
- c) New ways of working
  - Improving the flexible working options being offered and supported across the system;
  - Improving options for working across the system, creating opportunities for people to move around more easily.
- d) Growing for the future
  - Actively supporting people to have the careers they want;
  - Improving the experience of our people within the first two years of joining the sector;
  - Developing and improving understanding of why people leave and why they stay;
  - Supporting long term agency and bank staff to become substantive staff;
  - Keeping students to help build the talent pipeline.

## 2.6 NHS Flex for the Future

2.6.1 A project team has been established comprising OD, HR Governance, Workforce Planning, and Corporate Nursing, to support the delivery of NHSE/I's Flex for the Future campaign to support flexible working.

2.6.2 This stream of work is supporting the access and availability of flexible working for people across the Trust, and is a key enabler to attracting and retaining talent. The project team will use the current data to look at areas for improvement, new ways of working and how to support people to achieve a work-life balance whilst enabling the Trust to meet its strategic objectives.

## 2.7 Digital capability

- 2.7.1 The Workforce Directorate are early adopters of the N365 roll-out, with over 30 champions engaged. The aim is to improve digital capability, and to trial and embed new ways of working and improved productivity. The Workforce colleagues will then act as champions supporting the broader implementation of N365 across the Trust.
- 2.7.2 A review commenced in Quarter 2 looking for opportunities to ensure workforce data is adding value through insights that can enable evidence-based decision-making. Early findings and activities are:
- a) Key performance indicators are reported on a regular basis, but these are compartmentalised data sets which do not present a holistic picture on root causes of pressures such as turnover or sickness. Data correlation is imperative to help address these pressures. Due to the limitations of current workforce systems, the time taken to correlate the data is disproportionate and is a distraction from time spent on meaningful insights. A project is underway to bring in a people analytics system that will provide instant insights and projections. The project is currently awaiting IG approval in order to proceed to implementation.
  - b) A Workforce data group is being established to collectively respond and act upon insights, to be fed in to Divisions and reported at the Chief Operating Officer's Group. In readiness, data analytical skills of Workforce Directorate colleagues at all levels are being developed and deployed to expand capability to proactively interrogate and respond to hotspots identified.

## 3. **Occupational Health and Wellbeing**

- 3.1 Our people have now been working in extraordinary circumstances for 18 months. They continue to experience a wide range of physical and psychological symptoms that include a range of tiredness, exhaustion, stress, guilt, and for some resentment.
- 3.2 As at September 2021, 74 staff identified as absent due to post-Covid (Long Covid) symptoms. To support staff with Long Covid symptoms, Occupational Health, in partnership with the Lead Respiratory Physician for Long Covid clinics and Human Resources, have designed and commenced delivery of awareness-raising sessions for managers on the effects of Long Covid, its symptoms, recovery and how to support colleagues. Complex cases will be referred by Occupational Health to the Long Covid clinic, which is being supported by an OH specialist. In addition, guidelines have been published to support staff and managers with Long Covid-related absence, the emphasis being on flexibility and creativity in identifying solutions to enable people to return to meaningful work in which they can recover and thrive.
- 3.3 Covid vaccinations continue for our people, alongside Covid boosters and flu

vaccinations. As of 01 October 2021, 82.78% of all UHB staff had been vaccinated. Of our patient-facing staff, 81.60% are double-vaccinated with a trajectory to 86.70% when tracking first dose uptake, against a Midlands benchmark of 88.40% double-dosed. Uptake amongst our BAME people who are patient-facing is 72.90% double-vaccinated, with a trajectory to 79.20% when tracking first dose uptake, against a Midlands benchmark of 85.50%. Communications and engagement continues with staff to encourage vaccination, including Inclusion Network representatives who have supported ward-level conversations. Booster and flu uptake will be reported in our next paper.

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

<b>2021</b>	<b>July</b>	<b>August</b>	<b>September</b>	<b>Total</b>
<b>Clinical Reviews</b>				
New referrals	196	203	385	<b>784</b>
Reviews	268	308	341	<b>917</b>
Advice to managers	68	97	88	<b>253</b>
<b>Covid</b>				
Positive Staff swabs	25	30	43	<b>98</b>
Positive household swabs	22	26	8	<b>56</b>
Advice to staff member	174	265	171	<b>610</b>
<b>Counselling</b>				
New referrals	50	33	53	<b>136</b>
Reviews	68	62	64	<b>194</b>

- 3.5 The dominant health themes being addressed during clinical reviews remain consistent and are predominantly psychological needs (27% of cases), musculoskeletal issues (23% of cases) and Covid-related issues including respiratory conditions and skin concerns (21% of cases).
- 3.6 There is also an increase in referral reasons that were common pre-pandemic; for example, gastro and post-surgery support.
- 3.7 Welfare checks in absence reviews and referrals or signposting continues to specialised support services such as counselling, physiotherapy, mental health hubs, wellbeing hubs and online resources.
- 3.8 We have continued to build and shape our support for our people based on their experiences and feedback, to best meet their needs. We also recognise that if we look after our people, they can provide better care for our patients.
- 3.9 The initiatives to support staff are still in place. These include internal support systems as well as national ones. A survey is being undertaken for staff feedback on what additional support they may want.



- 3.10 The Counselling Service reports 60% of all clients seen July to September for their initial appointments continued to attend work. The service discharged 111 clients in Q2, and on average they had attended 3 sessions prior to reaching the point for discharge. Referrals for Covid-related anxiety or trauma persist. The dominant themes impacting mental health continue to be anxiety, feeling overwhelmed – by workload and/or family issues, bullying and harassment, and bereavements.
- 3.11 We have trained 300 staff in Psychological First Aid and have further sessions running throughout Q3. This supports staff particularly in the immediate aftermath of a traumatic event.
- 3.12 Permanent locations for wellbeing hubs are being scoped. This will allow the continuation of space for rest and relaxation, and signposting to a variety of support services.
- 3.13 A network of Wellbeing Champions are being developed across the Divisions, with a Wellbeing Advocate to be part of the senior Divisional leadership team. The Champions and Advocates will have strong links with the Health and Wellbeing team.
- 3.14 Disability guidelines have been developed in partnership with Human Resources, the Inclusion team, Disability Network and staffside colleagues.
- 3.15 We continue to prioritise staff health and wellbeing with a focus on:
- Rest and respite;
  - Recovery - reconnecting with “home team”;
  - Reward/Recognition;
  - Review of Trust values.

#### **4. Fairness Taskforce**

- 4.1 The Fairness Taskforce meets on a monthly basis and the work programme has continued to develop to shift the culture, practices and behaviours within UHB. The priority workstreams to support the Fairness agenda are:

- (a) Reciprocal Mentoring Programme;
- (b) Fairness Root Cause Analysis (RCA);
- (c) Recruitment, retention and progression.

#### **4.2 Reciprocal Mentoring Programme**

- 4.2.1 The UHB Reciprocal Mentoring Programme remains open to all staff, with those with protected characteristics (as defined in the Equality Act 2010) being encouraged to come forward.
- 4.2.2 The programme commenced in September 2020 and is led and managed by the Strategic Projects team. To date three cohorts of

staff have participated in the scheme, with Cohort 4 due to commence at the end of October 2021.

4.2.3 The programme has been extremely successful. With a total of 200 staff members taking part, the programme has exceeded the initial commitment of 150 colleagues going through the scheme. A detailed annual evaluation piece on the cohorts to date is ongoing but will be completed at the end of Cohort 4.

4.2.4 The success and popularity of this programme means that it will be continued through 2022.

#### 4.3 Fairness RCA

4.3.1 The Fairness RCA Reference Group, chaired by the Director of Strategy and Quality Development, has continued to meet fortnightly.

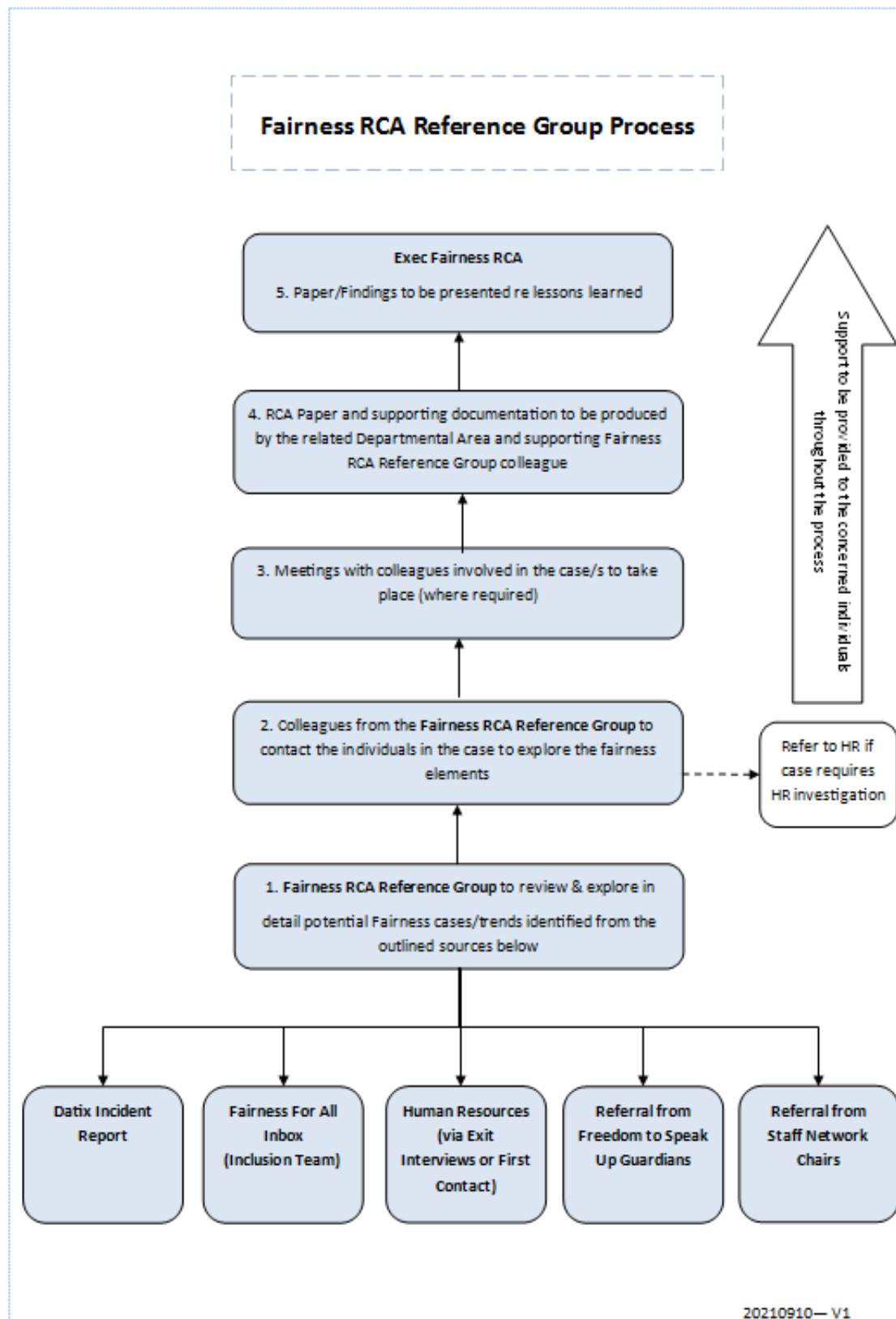
4.3.2 The first Fairness RCA case was discussed in February 2021 and the second case is currently being reviewed and prepared, with the intention of taking it to the November RCA.

4.3.3 There are currently five different places that cases can be referred from:

- Datix reports;
- Fairness for all inbox – Inclusion Team;
- Exit interviews or HR Advisory Service – HR;
- Freedom to Speak Up Guardian;
- Staff Networks.

4.3.4 The process for reviewing cases including weekly Datix reports has been refined, and is as shown in the diagram below:

Diagram 1 – Fairness RCA Reference Group Process



#### 4.4 Recruitment, Retention and Progression

- 4.4.1 The Fairness Taskforce has identified recruitment, retention and progression as the next key priority for the work programme. The Director of Workforce has outlined the UHB approach to ensure fairness exists within recruiting practices.
- 4.4.2 In order to effect meaningful impact that changes the profile and experience of our people, we need to take more radical positive actions, fully utilising the positive action provisions of the Equality Act 2010 so that people leaders identify individuals that will add to the inclusive culture rather than those that fit in to the existing structure. This will be addressed through actions designed for high impact, and identified through collaboration with leading Equality, Diversity and Inclusion expert Roger Kline.
- 4.4.3 Fairness in action – immediate steps

a) Data dashboards

We are designing dashboards that will allow divisions and departments to understand their workforce profile in great detail both against the Trust-wide metrics as well as divisional/ departmental aspirations for change.

By understanding the current profile, people leaders will be able to make considered choices, with HR advice, about which staff groups or at what levels positive action may be considered – whether in seeding the pipeline to ensure a diverse shortlist or at selection stage (whereby in situations where there are two candidates of equal merit and one is from an underrepresented group, all other things being equal positive action would be taken to appoint the individual from an underrepresented group).

With Recruitment guidance, people leaders will be able to consider where best to place job adverts which may be in non-traditional platforms to undertake targeted attraction to address underrepresentation.

Performance over time can also be reviewed to ensure change can be seen, or where change is not occurring or there is a declining trend, targeted support can be provided. We will also use these data dashboards to identify and share areas of good practice where positive impact is being secured.

b) Move away from first past the post recruitment

There has been a trend to close job adverts early based on a numerical cap of applications received, which narrows the talent pool and can prevent quality candidates submitting quality applications. We are stopping closing job adverts early so that all applicants are clear on timelines they can work to, which is more respectful to

applicants' time and addresses the perception candidates have that when jobs close early there is already a preferred candidate whose application has been submitted.

c) Scheduled open session for job overview

All job adverts provide contact details so that interested candidates can enquire about the role before applying. Some candidates take this up, some do not, and some may want to but struggle to get time scheduled. For those who have made contact in advance, there is a risk of familiarity bias. We are therefore setting up guidelines for recruiting managers to offer one scheduled open webinar session which all interested applicants can join if they wish to receive the same information and insights.

d) Fair Recruitment Experts

The Trust has had in place a system of third panellists where hiring managers would bring in a third interview panel member from outside their own department to provide an external and objective viewpoint. Whilst well intentioned, that system has not secured the required change and there is a risk of group think embedding rather than removing bias.

We are therefore launching a trained pool of staff volunteers as Fair Recruitment Experts. They will be in the first instance either from underrepresented groups / staff with protected characteristics or committed and visible allies of underrepresented and protected staff groups. We have 40 Fair Recruitment Experts in Cohort 1 recruited and briefed for training, ready to be mobilised in November with a toolkit and terms of engagement.

The Fair Recruitment Experts will be an independent and equal third panellist appointed to a recruitment activity from shortlisting stage through to interview and selection to add an additional perspective on fair and inclusive hiring decisions, and their involvement will provide assurance to candidates on the integrity and inclusivity of the process.

The Fair Recruitment Experts will be allocated taking in to account relevant factors such as banding and type of role being recruited to.

It is anticipated that panels will reach an agreement on the candidate(s) to be shortlisted and appointed based on the values, qualities, experience and potential of the individual; in situations where agreement is not reached and it is perceived that there is bias or unfairness potentially at play, the Fair Recruitment Expert will escalate to the Director of Workforce and there will be a swift response to reach a conclusion on a fair appointment without protracted delay.

The Fair Recruitment Experts will be accountable to the Director of Workforce and will meet quarterly to provide examples of positive impact and to offer insights on themes to be addressed. Selection and training of Fair Recruitment Experts is just commencing.

e) Accountable decision records

Currently at the end of a recruitment selection process, the hiring manager submits an offer form for action to the Recruitment function which identifies the successful candidate. We are now introducing a decision record of selection outcomes which will document any selection process scores for all candidates as well as an explanation and justification of the outcomes for the offered candidate and for the non-appointed candidates. This form will be returned to Recruitment, and all decision records will be forwarded by Recruitment to the Director of Workforce for overall monitoring, with the potential for enquiry where there is potentially problematic decision-making or decision-making that is not affecting required change.

f) Talent management and retention

Presently, opportunities for people to grow their careers through growth projects, acting up periods and secondments are handled in variable ways depending in part on the department, the people leader or the individual.

We are going to introduce a revised secondment procedure which expands to be a talent management and retention procedure which ensures that there is a clearly defined and transparent process for all significant growth projects, acting up appointments and internal secondments so that all relevant staff have an opportunity through Talent Panels to be considered for such opportunities and a fair chance of growing their career.

The process will be designed to ensure that it can be agile enough to be responsive to openings that arise unexpectedly and with a degree of immediacy to the need.

We will also be tracking applicants who have applied multiple times (3+) without being shortlisted and/or appointed, explore their application history and any interview feedback, and hold career conversations with individuals to support their progress where appropriate.

4.4.4 Fairness in action – planned next steps

In addition to the above steps, we also have some planned next steps which we will set out in more detail in future updates as we approach implementation, but for now summarised here.

a) Recruit for personal qualities and values

We are developing a personality profile for the types of people we want to see join and progress through the Trust, and we will be developing an interactive graphic and toolkit to support behavioural attraction and selection. This will include longlisting against personal qualities and values only, before then shortlisting on all application information. We will also be reviewing ways to anonymise schooling and salary as these indicators can bias how a candidate is viewed.

b) Redesign job specifications

The language of our job specifications can lead individuals to not see themselves in a role, either because the content is too dry to give colour to the role or because the language is exclusive, gender-biased and overly institutionalised. We are redesigning the way job specifications are presented, and a toolkit will support easy creation that brings to life how individuals will do the role, the difference they will make, and not just what they will do as a list of duties.

c) Referral routes from organisations with links to underrepresented staff groups

We will be actively engaging with groups and communities that can help us address health inequalities and socio-economic disadvantage through the provision of good employment, and this will include by way of example previously looked after children, areas of low educational attainment, displaced employees following long-term employment, and the long-term unemployed.

d) Framework for referrals from our staff who are part of underrepresented staff groups

As trust and confidence in fair and inclusive recruitment progresses, we will be engaging with people from underrepresented staff groups to create a framework for referrals.

- 4.4.5 Roger Kline has continued to support and advise on the priority of recruitment, retention and progression, as well as the overall Fairness Taskforce work programme. He has met with 15 UHB colleagues to inform his work for the Trust and these meetings are ongoing.

## **5. Workforce Transformation**

- 5.1 In July to September 2021, 34 change management consultations have been supported, with 26 launched and closed within quarter 3. Current active change programmes involve restructuring, changes to duties, and predominantly changes to staff working patterns.

- 5.2 In August, the hybrid model of homeworking in response to increasing the clinical footprint within East 1 and East 2 of the Heritage Building was implemented. Engagement following implementation continues with a webinar in October providing an update on the temporary nature of the change, opportunity for staff feedback and demonstration of a hot-desk system at Yardley Court which will go live on 01 November 2021.
- 5.3 Anticipated impact on staff in response to Project Aston (phase 1) has been negated. Early discussion with managers of 'in scope' staff has resulted in a collaborative and responsive approach resulting in minimal impact, with relocations remaining on-site rather than the intended homeworking solution.
- 5.4 In line with the change to the Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021, on 22 July 2021, the legislation required all persons working or deployed in a CQC registered care home in England to be fully vaccinated by 11 November 2021. Following supportive conversations with management and guidance from Occupational Health, 43 staff are now vaccinated, and two staff remain unvaccinated and are engaged in redeployment.

## **6. Employee Relations**

- 6.1 Through structured case reviews and debriefs, including reflective time spent with people who have been engaged in a process that has impacted negatively, the just and learning culture is being more consistently applied and restorative conversations taking place where needed. This has accelerated the focus on compassionate enquiry and informal, early resolution. In Q2, of 71 staff concerns raised, 58 were positively and sustainably resolved through advice, coaching and facilitated discussion or mediation. There have been 13 new formal cases, which is a 65% reduction on the previous quarter. There were 55 cases closed.
- 6.2 Pro-active measures are taken where investigations are prolonged due to staff absent through ill health, where protracted case completion can be seen to hinder recovery. Fast-track Occupational Health assessments establish fitness to engage, and partnership working with staffside colleagues is supporting attendance at formal meetings. There is active signposting to Health and Wellbeing initiatives and the counselling service.
- 6.3 There has been one Employment Tribunal claim lodged in Q2 relating to alleged disability discrimination.
- 6.4 Policies and Procedures
- 6.4.1 Since 01 April 2021 a total of 114 roles have been through the job evaluation process, with 64 in Q2 – a combination of new roles supporting growth and existing roles with expanded responsibilities.
- 6.4.2 The Fair Employment Policy was approved in Q2. Work is on-going



on a number of recruitment and employment life-cycle procedures which will sit under the over-arching policy.

- 6.4.3 There have been a number of pay-related matters to address over the last quarter. These include nationally-determined ceasing payment of unsocial hours as part of occupational sick leave since the pay award has elevated all staff above the threshold at which those payments were eligible, separation out of holiday pay for UHB+ bank staff for clarity, and nationally negotiated corrective payments determined by the National NHS Staff Council for annual leave payments for staff working voluntary overtime.
- 6.4.4 To date, 5 applications have been made for the NHS and Social Care Coronavirus Life Assurance Scheme 2020, whereby a payment is made to the estate of staff who have died from Covid-19 contracted at work. All 5 applications have been approved by the Secretary of State and payments made to the relatives of those colleagues we sadly lost in those circumstances. There is one further application which is in progress.

## **7. Staff Experience and Leadership**

### **7.1 Staff Engagement**

- 7.1.1 Over the last 6 months, listening events have been held with colleagues across the Trust, to hear about their experiences of working through the pandemic. A summary animation of the key themes has been published which covers the challenges staff faced and the positive experiences. Staff identified the key improvements to keep, which include transformation in services and ways of working, better work-life balance and a focus on health and wellbeing, planning for seasonal surges, and team-working in which we are all pulling together.
- 7.1.2 The annual all-staff survey is live between 27 September and 26 November, with an engagement campaign highlighting quotes from listening events and encouraging staff to help shape future plans.
- 7.1.3 There has been a growing consensus that we need to revisit our Trust values, to reflect the unprecedented period of change we have been through as an organisation. Our former Chair, RT Hon Jacqui Smith, led a values refresh taskforce. An engagement period with staff commenced in July and runs until the end of October, with outputs to be presented to the Board in November for consideration.
- 7.1.4 A large number of service changes have taken place during the pandemic, under emergency legislation, at pace, and consequently not with the usual level of engagement that we would recognise as important. During October and November, we are holding engagement events with clinical and operational leaders, led by the

Chief Operating Officer. These sessions will help us understand what it is like for our leaders and teams at the moment, and open discussions on our future focus around acute and surgical priorities to help shape plans for the next 12-24 months.

## 7.2 Leadership Development

- 7.2.1 The Building Healthier Teams ([www.buildinghealthier.co.uk](http://www.buildinghealthier.co.uk)) portal for our 2,000 first line leaders has been live for six months, through which we have released 10 staff story episodes, 5 leadership masterclasses, and continue to publish weekly nudges. An initial evaluation report is being finalised.
- 7.2.2 In September, we launched a new section on the portal called '7 ways to leadership', which outlines foundational habits for new people managers ([Welcome to Leadership – Building Healthier Teams](#)). In the first month, this resource had over 1,000 views.
- 7.2.3 Two new leadership networks have been launched, one for operational managers and one for first line leaders, connecting, supporting and developing leaders working in similar roles.
- 7.2.4 Our regular leadership development programmes continue:
- Monthly programme of virtual leadership lectures
  - Leadership networks: Clinical Service Leads, General Managers, Operational Managers and First Line Leaders
  - NHS Elect on-site masterclasses and virtual webinar programme
  - Team development support
  - 1-2-1 leadership coaching
  - Career mentoring platform and training for mentors
  - Personal development platform – available to all staff.

## 8. **Education**

- 8.1 In the midst of the COVID-19 pandemic there has been a surge in interest in NHS careers which we are working collaboratively on across departments to expand on talent pipelines, routes into employment, apprenticeships, international recruitment and continuing professional development.
- 8.2 We have been challenged to embrace new solutions to educate our learners and workforce. An outstanding effort by our educators and clinical teams has seen the rapid upskilling of our people, where they have been required to work beyond the scope of their existing practice both in terms of deployment into new roles or to create a reservist workforce. Delivery of the education and training plan for the vaccination workforce has focused on upskilling over 3,000 registered and unregistered vaccinators for the BSol vaccination workforce. We have moved rapidly to construct training programmes both in simulation and on Moodle, securing access for virtual trust induction, mandatory training and upskilling the workforce.

- 8.3 Statutory, regulatory and professional bodies are working to review the disruption caused by the pandemic and to design education recovery plans that are reflective of the impact on clinical and academic curriculum delivery. Work continues with academic partners and medical schools to limit impact where training has been interrupted and practice based learning disrupted.
- 8.4 Education priorities are supporting recruitment, retention and upskilling of our people to meet the demands of the changing working environment and development of new roles, as well as supporting the health and wellbeing of our learners and trainees. Developing learning and teaching (digital, simulation and immersive technology) will help address the educational impact of the pandemic, with £30m committed nationally by Health Education England to support post graduate trainees and £3.2m regionally to support non-medical clinical placements expansion programmes.
- 8.5 The Academic year 2020/21 has seen UHB welcome medical, nursing and physiotherapy students from two new University partners, Aston Medical School and University College Birmingham (Nursing, Physiotherapy).
- 8.6 Work Experience
- 8.6.1 'Real-time' work experience has been placed on hold, but the team have virtual packages to promote careers within the NHS. Following on from the success of the first ever interactive online work simulation at UHB, the team are now working in partnership with local Trusts and Social Care colleagues to develop a collaborative solution to work experience.
- 8.7 100 Job Pledge
- 8.7.1 UHB has signed the Mayoral Pledge for Birmingham and Solihull ICS to support and deliver 100 system entry level jobs per year for the next three years targeted at unemployed residents. Health Care Careers and Development are working with providers to demystify the NHS recruitment process and provide comprehensive support and pre-employment training programmes. Working as Anchor organisations within our local communities, this project aims to address collective recruitment shortages and diversify the workforce.
- 8.8 Career Pathways and internal promotion
- 8.8.1 Apprenticeship opportunities are being promoted to Divisions at all levels for both new staff joining the Trust and to upskill our existing workforce, promoting progression and development pathways for clinical and non-clinical staff.
- 8.9 Princes Trust and Pre- Employment training
- 8.9.1 We have established a strong working relationship with the Princes

Trust and 'Get into Hospitals' programmes are scheduled to take place throughout the year. Programmes are customised to meet managers' specifications and where possible are aligned to recruitment campaigns across all UHB sites.

#### 8.10 Gifting

- 8.10.1 As a Trust we are committed to gift unused levy funds to networks that form part of our supply chain, following a robust checking process. As of 31 August, UHB has 'gifted' £51,129 to support apprenticeship training in other BSol health and social care organisations, with a financial commitment totalling £235,230.

#### 8.11 Clinical Skills and Simulation

- 8.11.1 As part of the ongoing work to transform clinical education across the wider trust with a digital strategy, projects are currently being embedded to facilitate access and participation in both part-task clinical skills training and immersive simulation:

- In collaboration with HEE, UHB has become a lead trust working with Microsoft Hololens technology to introduce augmented reality/mixed reality into specialist training. Initial projects focus on education recovery programmes for surgical trainees aligned to the development of a new surgical simulation strategy for UHB.
- Introduction of a new Digital Innovations team to support the wider delivery of digital innovations and solutions in clinical education
- Development of a new surgical simulation strategy alongside the implementation of a multidisciplinary 'Digital Innovations Steering Group' to support all specialities and both clinical and non-clinical digital education requirements.
- The expansion of the immersion suite to cater for both in-hospital and pre-hospital trainees, for Major Trauma management, with the development of a 360-degree immersion cube for increased flexibility of space and scope of training.
- Development and implementation of the new CAPS course for evidence-based multidisciplinary training of core procedural skills, for IMTs, ISTs, PA's, ACP's and all non-training grades and targeted achievement of procedural skills in simulation.
- Partnership working with regional Anaesthetics, Maxillofacial and ENT surgery to embed haptic simulation for enhanced trainee practice as a test bed for further rollouts with other disciplines.

#### 8.12 Resuscitation

- 8.12.1 The service is working collaboratively with the Bereavement / End of Life team on a Trust-wide strategy and solutions to increase education uptake in DNACPR/Respect, to enhance the patient experience of resuscitation discussions, guiding junior colleagues to have significant conversations in a supportive environment.

8.13 UHB School of Nursing, Allied Health Professionals and Midwifery

- 8.13.1 The School has submitted three HEE Clinical Placement Expansion Project (CPEP) bids to support the increase in university recruitment to nursing, midwifery and AHP programmes following growth in A-level results. The School views itself as fundamental in supporting placements to facilitate the over-recruitment of students as the future people pipeline. Bids include:
- Student Led Clinical Learning Environment (as proof of concept for BSol);
  - Transitional Placement;
  - BSol ODP Hub and Spoke.
- 8.13.2 We continue to develop the Student Led Clinical learning Environments (SLCLE). The initial SLCLE will be wards 12 and 15 at Solihull Hospital from 01 November 2021. Further development of SLCLEs will be supported as identified in the CPEP bids.
- 8.13.3 The School has transacted HEE Continuing Professional Development monies for 2020/21 and submitted our proposal for 2021/22. Career pathways have been developed by each division for each specialty. There have been challenges in delivering CPD due to the stand down of education during COVID surges.
- 8.13.4 In collaboration with Corporate Nursing, the School is to begin working towards Pathway to Excellence with the American Nurses Credentialing Centre (ANCC).
- 8.13.5 A Pathway to Excellence bespoke, co-produced development programme for Band 8as in Nursing, Midwifery and AHPS has been established. We received prestigious endorsement from the Florence Nightingale Foundation (FNF) Academy, the first to achieve this status from an Academy with a reputation in leadership excellence.
- 8.13.6 The Trainee Nursing Associate team now sits within the School. We continue to recruit, train and develop our trainee nursing associates, and will continue the implementation of the Nursing Associate role through subsequent cohorts. Currently UHB has 109 qualified NAs with a further 46 qualifying in October, 346 TNAs on programme and 70 TNAs commencing programme in October.
- 8.13.7 The Clinical Academic Careers team now sits within the School, delivering on the HEE Integrated Clinical Academic (ICA)

programme including the internship and pre-doctoral clinical academic fellowship. A clinical academic career pathway is being developed for nurses, AHPs and midwives through shared governance, our internal REACH programme and HEE ICA programmes.

#### 8.14 Mandatory Training and Appraisals

8.14.1 A working group comprising Education, Staff Experience, HR & OD, Trade Union, Wellbeing and leads from Finance, ICT and Facilities have refreshed the Trust's appraisal documentation to incorporate a personalised wellbeing plan and review of flexible working. A plan is underway to re-launch a fresh approach to appraisals.

8.14.2 All non-essential study leave, mandatory training and appraisals were stood down through Covid surges, resulting in appraisal completion decreasing to 63.02% for all staff. Mandatory training performance is 91.61% against a target of 90.00%.

<i>Rolling Period: 01 Sep 2020 to 31 Aug 2021</i>	<b>UHB Total AfC</b>	<b>UHB Medics</b>	<b>UHB Total (AfC and Medics)</b>
Headcount	15,738	1,834	17,572
Appraised	9,971	1,104	11,074
Not appraised	5,768	730	6498
<b>Total %</b>	<b>63.35%</b>	<b>60.20%</b>	<b>63.02%</b>

### 9. Recommendation

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

**Cathi Shovlin**  
**Director of Workforce**  
**20 October 2021**