

Written evidence submitted by The Shelford group (WBR0039)

The [Shelford Group](#) is a collaboration between ten of the largest teaching and research NHS hospital trusts in England. These ten NHS trusts provide a comprehensive range of services from community care for local populations, to highly specialised care for patients nationwide. Together they account for over £12.5 billion of the NHS budget, care for around 17 million patients a year, employ over 140,000 staff and account for two thirds of the country's clinical research infrastructure. The ten members are:

- Cambridge University Hospitals NHS Foundation Trust
- Guy's and St Thomas' NHS Foundation Trust
- Imperial College Healthcare NHS Trust
- King's College Hospital NHS Foundation Trust
- Manchester University NHS Foundation Trust
- Newcastle Upon Tyne Hospitals NHS Foundation Trust
- Oxford University Hospitals NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- University College London Hospitals NHS Foundation Trust
- University Hospitals Birmingham NHS Foundation Trust

Shelford Group trusts have a relatively resilient workforce, mainly due to the scale of the organisations which consist of multiple hospital sites and large numbers of employees. At the outbreak of the COVID-19 pandemic, this meant that in some instances they were also able to contribute to the resilience of the wider regional footprint including critical care provision, laboratory access and support of local Nightingale Hospitals.

In order to strengthen resilience across the NHS and social care in the future, it is proposed that:

- There is a need to invest heavily in sustained education / continuing professional development (CPD) provision, including a focus on compliance with mandatory training. Without a systematic and appropriately funded approach to training in place, a lot of urgent training was undertaken both prior to and during the pandemic which could have been avoided. The role and contribution of Health Education England (HEE) would benefit from a review especially in the context of COVID-19 recovery and preparations for a second surge.
- Small / medium size organisations and major regional providers should align and be accustomed to system working without being instructed to do so under the banner of a stage 4 national emergency. 'Non-crisis system working' should become the norm with territorial behaviour challenged.
- Formal mutual aid plans should be in place and regularly tested, so that they do not have to be developed in retrospect after a crisis has already occurred.
- There needs to be adequate government planning on the provision of child care, carer support, transport etc to enable health and social care staff to continue to work. The Shelford Group also supports the call for greater support for female staff following on from the recent [survey conducted by the Health & Care Women Leaders Network](#) to better understand the impact the pandemic has had on women working across health and care

services. This includes the need to support requests to work flexible/reduced hours, and paying particular attention to the physical and emotional health needs of female staff with children during the pandemic.

- Health and social care needs to align operationally and tactically irrespective of any statutory changes required to underpin joint work in legislation. Joint workforce planning on a system / locality basis to be commonplace.
- Consistent and coherent national guidance and instruction is provided – a national steer on a range of issues during the pandemic was confused and/or absent which, at times, impacted negatively on the overall resilience of health and social care. An example for workforce would be the confused messaging around the application of the quarantine process for NHS employees following international travel and how to support staff who may need to travel overseas for exceptional circumstances.
- The Home Office is more attentive to the connection between Health and Social Care resilience and immigration rules and processes. This is particularly relevant to achievement of the goal to attract 50,000 more nurses to the NHS and the changes associated with Brexit.

The need for trusts to offer support for staff, and prioritise their psychological as well as physical wellbeing has been a key focus area for NHS trusts throughout the pandemic. Staff absence relating to COVID-19 peaked across Shelford organisations in April, however high levels of absence attributed to mental health/anxiety/stress continued in the following months. One of our member trusts continues to have an absence rate of approximately 20 per cent due to mental health which is an increase of about 10 per cent compared with their pre-COVID rates. There is also increased demand for staff counselling and other support services amongst staff not absent from work compared to pre-COVID levels. Whilst Employee Health and Wellbeing services were well equipped prior to COVID-19 they were not prepared for the demands placed on the service as a result of the pandemic.

The Shelford Group welcomed the recent publication of the People Plan by NHS England and Improvement. Whilst the content and intent of the plan are sound, there is widespread concern about the lack of additional funding to enable the changes at the pace required. Whilst local productivity and rationalisation of funding coupled with enthusiastic leadership will help it will not resolve the problem fully and there is concern that delivery of the plan is therefore in danger of faltering because of insufficient funding.

There is further concern about the growing discontent amongst the workforce, especially clinical and facilities staff, about pay which is likely to increase and if left unresolved will have a significant impact on morale.

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