

REPORT TO TRUST BOARD IN PUBLIC 27 January 2022

Title	Progress Report ELFT People Plan
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Accountable Executive Director	Tanya Carter, Chief People Officer

Purpose of the report

The purpose of the report is to update the Trust Board on the progress against the ELFT People Plan and to provide the board with assurance in terms of the areas of concerns, mitigating actions and progress across some people metrics.

Committees/meetings where this item has been considered

Date	This paper has not previously been discussed.
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Key messages

What is going well?

Vitamin D supplements

There has been positive progress in terms of Wellbeing initiatives. The vitamin D campaign #MoreSunshineInYourPocket has been launched and the take up has been positive across all protected characteristics.

Long Service Awards

The Trust has just sent out the second NHS Long Service awards to around 200 people, issuing bronze for 20 years, silver for 30 years and gold for 40 years' service. The award recognises all continuous NHS service and not just ELFT service.

£100 Thank you payment

All staff who were in post between 1 January 2021 and 19 December 2022 and all bank workers who have worked 400 hours between the same dates, will receive a £100 payment via their salary, which will be received in January 2022.

Learning Management System

The Learning Management System/ELFT Academy will launch on 15 February 2022. This news article in the weekly comms received over 6,000 views.

Non-Violent Resistance Training (NVR)

After very positive feedback the Trust has launched cohort 2 commencing in January 2022.

What are the concerns?

Vaccination as a condition of Deployment (VCOD)

The requirement for Health and Social Care staff (that encounter face to face contact with patients and service users) to have had a double Covid 19 (Covid -19) vaccination by 1st April presents the

Trust (and wider health system) with a significant workforce challenge. The People and Culture team are supporting the Trust's planning group with several pieces of work.

Pension changes

The Department of Health and Social Care is now consulting on proposed changes to employee contribution rates to the NHS Pension Scheme. Currently, the percentage the employees contribute to their pension is determined by their earnings, with higher paid staff making a larger pension contribution and so in retirement getting a larger pension.

The NHS Pension Scheme proposes to move to a career average revalued earnings (CARE) model for all active members from 1 April 2022. The consultation proposes a new employee contribution structure which will contain fewer tiers and new contribution rates.

McCloud Judgement and 2015 Scheme Revision

Changes made to the Pension Scheme back in 2015 have been reversed as were found to be discriminatory to younger age groups. (McCloud Judgement) All existing NHS Pension members were compulsorily moved into the 2015 Scheme from 1 April 2015 with the exception of Pension members who were within 10 years of their normal pension age. This was found to be discriminatory. Everyone is now re-enrolled into the 2015 Scheme and will be given two calculations at retirement about both options. The member can then make an informed decision at retirement.

Agency usage

Agency use continues to be a significant area of focus, with a focus on addressing the drivers of spend across areas of particular challenge in the Trust, including Bedfordshire Mental Health services Community Health services in Bedfordshire and Tower Hamlets.

Progress since the last report

There has been significant progress in Disclosure and Barring checks (DBS). The change in renewal period has also significantly helped. 2,360 have been completed in total. The DBS rechecks are no longer a concern and the backlog has been effectively managed.

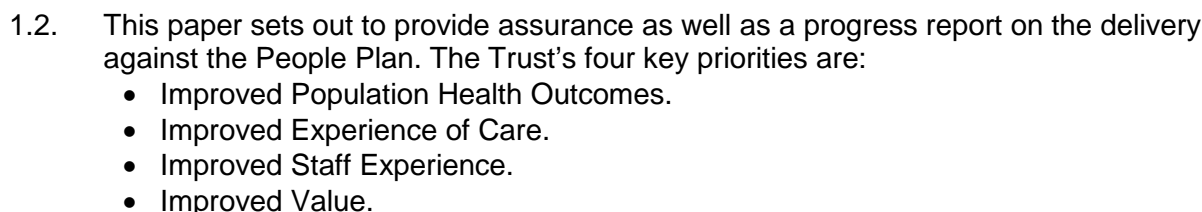
Strategic priorities this paper supports

Improved population health outcomes	<input checked="" type="checkbox"/>	We have taken a population health approach to our staff wellbeing as many members of staff live and or work within the boroughs that we provide services in.
Improved experience of care	<input checked="" type="checkbox"/>	Research shows that if staff are engaged then they will be able to provide better care to patients and service users.
Improved staff experience	<input checked="" type="checkbox"/>	The approach to improvement sets out in this paper are designed to directly improve staff experience.
Improved value	<input checked="" type="checkbox"/>	There is a strong evidence base that engaged staff are healthier and more productive at work and, therefore, contribute to value for money

Implications

Equality Analysis	The Trust's action plan is designed to improve equality through the reduction in variation between different staff groups.
Risk and Assurance	If staff are not engaged at work, there is a clear risk that patient care will be adversely affected.
Service User/ Carer/Staff	As above, the work in this area is designed to improve staff experience. Evidence shows a clear link between staff experience and patient care.
Financial	Evidence shows that high staff engagement is strongly correlated with low sickness absence levels, which has a financial benefit to the Trust.
Quality	Evidence shows a clear link between staff satisfaction and patient care.

1.1. Delivery of the Trust people plan (formally the Workforce plan) continues to progress well. Plans are being made for the refresh of the ELFT People Plan to support the Trust refreshed Strategy. The People and Culture team are reviewing the ELFT People Plan in support of the new Trust strategy for 2022-2025.



2.1. The people and culture team have continued to focus on support staff across the Trust in responding to the challenges of COVID-19.

2.2. The COVID testing programme requires staff to use the universal system to order their own kits via dedicated NHS England portal. However, in December 2021 we have seen challenges with acquiring testing kits as logistics were disrupted by the fast spread of Omicron variant of COVID-19. Although the severe disruptions were of temporary nature, the ELFT testing team is continuing to work close with ICS testing leads to ensure good access to test availability and we have continued to support wards and services from stock available at the Mile End warehouse.

Chief Executive: Paul Calaminus

Staff Vaccination

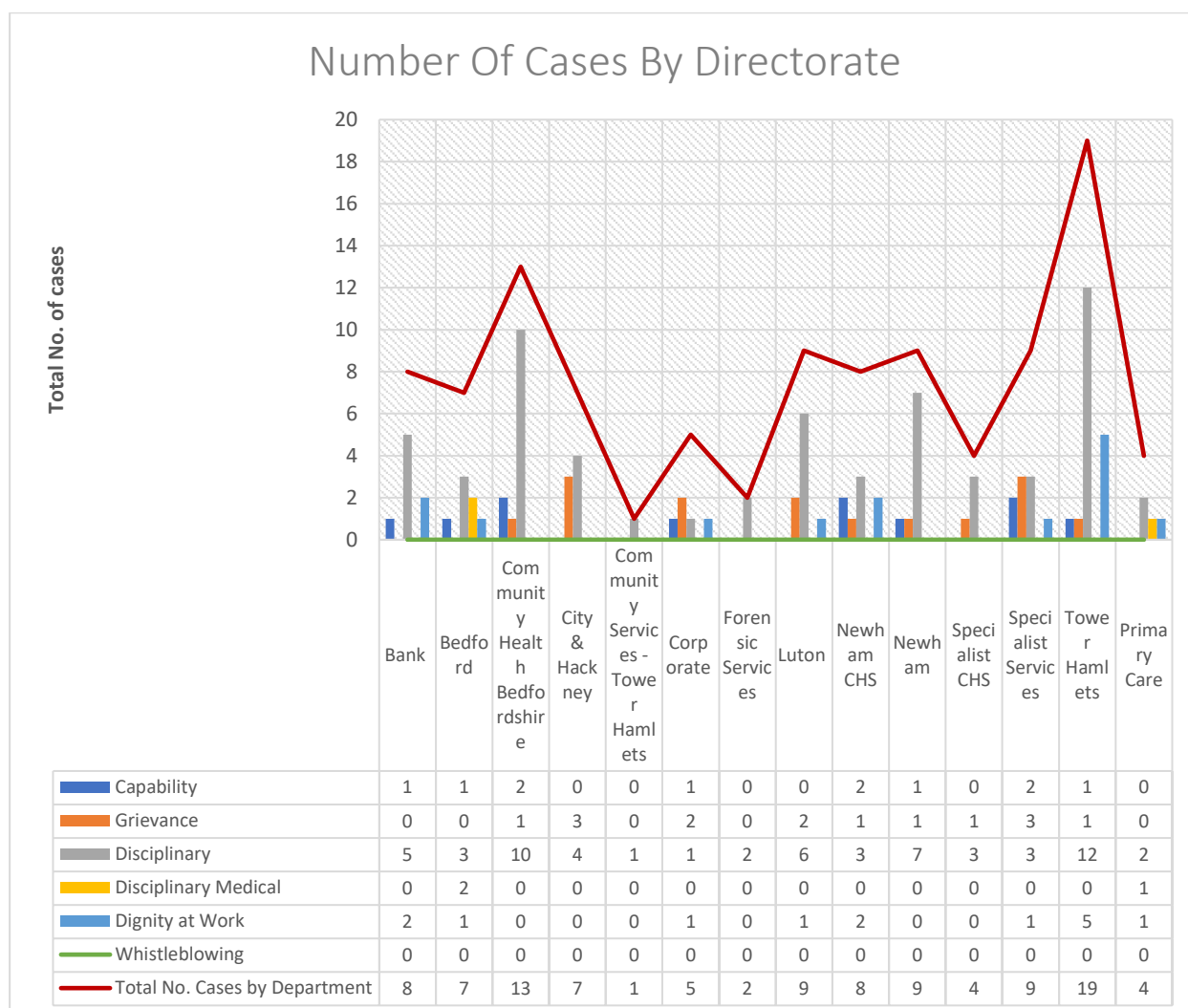
- 2.4. Staff vaccination continues to take place with staff being able to access services at Stratford Westfield vaccination site in London. Staff vaccination has now become a requirement for all those staff who have contact with service users, and at present there are around 450 staff who are not yet vaccinated, with whom the Trust is working to support access to vaccination. The requirement for Health and Social Care staff (that encounter face to face contact with patients and service users) to have had a double Covid 19 vaccination by 1st April presents the Trust (and wider health system) with a significant workforce challenge, not least because re-deployment opportunities are likely to be very limited. The People and Culture team are supporting the Trust's planning group with several pieces of work.
- 2.5. Firstly, the team are working closely with the informatics team to create a robust process for obtaining and reporting on staff vaccination status. This requires the creation of a data protection compliant process to transfer information from the National Immunisation Management system (NIMS) to electronic staff record (ESR) which can give services real time reporting on their staff vaccination status.
- 2.6. Second, the team have worked to translate the national guidance on the legislation into a Trust policy under limited and challenging timescales. The key challenge with this is defining those who have contact with patients, and the team have developed a process to review cases where this is not clear, working in partnership with staffside colleagues to try and ensure consistency across the Trust (and across ICS areas and the wider NHS).
- 2.7. Third, to create a Trust process for those staff that will not consent to the Covid-19 vaccination. It is expected that to meet the deadline of 1st April this processes will need to commence immediately after 3rd February 2022 which is the deadline for staff to have received their first vaccination. This is to allow sufficient time to meet with the employee and to give contractual notice to end employment where there are no other options available. Where redeployment is not possible (and redeployment is very limited) the implication of being unvaccinated is that staff will either need to give notice or to be dismissed for a statutory restriction. In both cases, the Trust will put support in place for any staff effected to enable them to try and identify alternative opportunities in another sector.
- 2.8. ELFT remains the lead employer for large vaccination sites for the North East London Integrated Care system. December 2021 was a particularly busy period during which North East London was expected to deliver 217,000 vaccinations over the period of 2 weeks between 17th and 31st December 2021. We received support from military planners and clinicians in support of this, as well as administrative support from staff in HMRC. Military support will continue till the end of January.
- 2.9. The ELFT lead employer team is now entering phase 4 of the vaccination programme and will focus on continuation of the COVID-19 booster programme, all 16-17 and 12-15 year olds second doses. We are also anticipating starting the vaccination programme for 5-11 year olds once this is approved through the national programme board.

3. Employee Relations Activity Report –December 2021

- 3.1. In total, there are: 105 live ER cases plus 7 Employment Tribunal cases, 3 ACAS, 125 long-term sickness cases, (This figure does not include long term Covid cases which are being managed informally) and 249 short-term sickness cases being managed by the People Relations team.

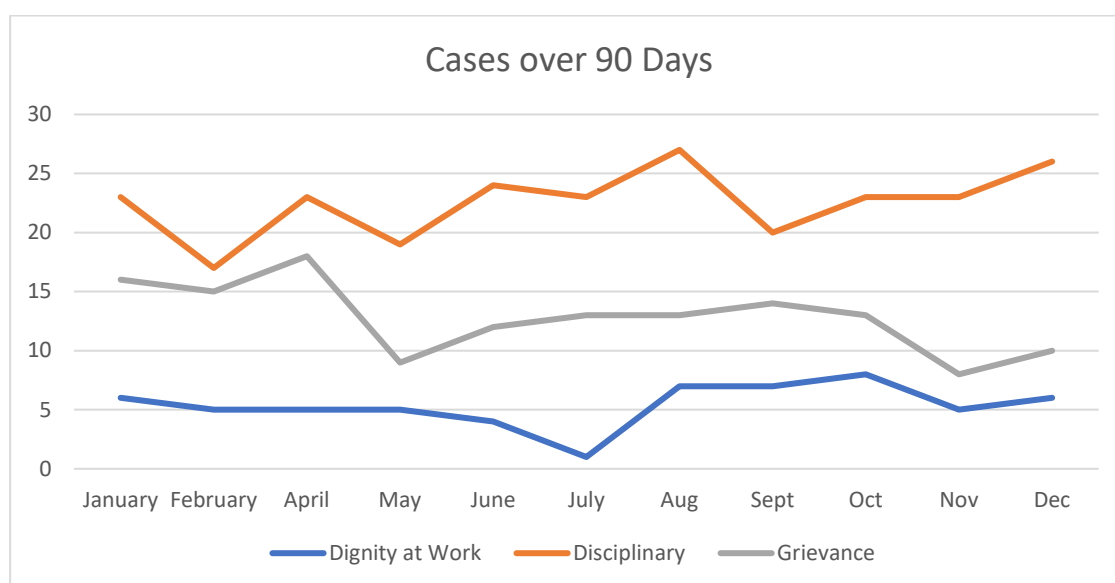
3.2. ER Case Breakdown by Month

Case Type	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Capability	10	10	10	9	9	10	7	8	6	10	9	11
Dignity at Work	16	12	14	11	6	7	9	9	14	13	10	14
Disciplinary	40	55	53	49	51	53	47	46	40	42	56	62
Disciplinary (Medical)	1	1	2	1	2	3	2	2	2	2	2	3
Grievance	18	14	13	14	9	11	13	13	14	13	14	15
Whistleblowing											1	0
Tribunals	10	11	8	9	9	9	10	10	12	10	8	7
Total	95	103	100	93	86	93	88	88	88	90	100	112



3.3. Average duration of open cases

Case Type	Mar (Days)	Apr (Days)	May (Days)	June (Days)	July (Days)	August (Days)	Sept (Days)	Oct (Days)	Nov (Days)	Dec (Days)
Dignity at Work	131	216	168	118	92	86	59	78	93	76
Disciplinary	116	124	111	118	113	115	121	98	71	75
Grievances	122	164	130	247	168	152	155	155	136	133



3.4. Allegation Type

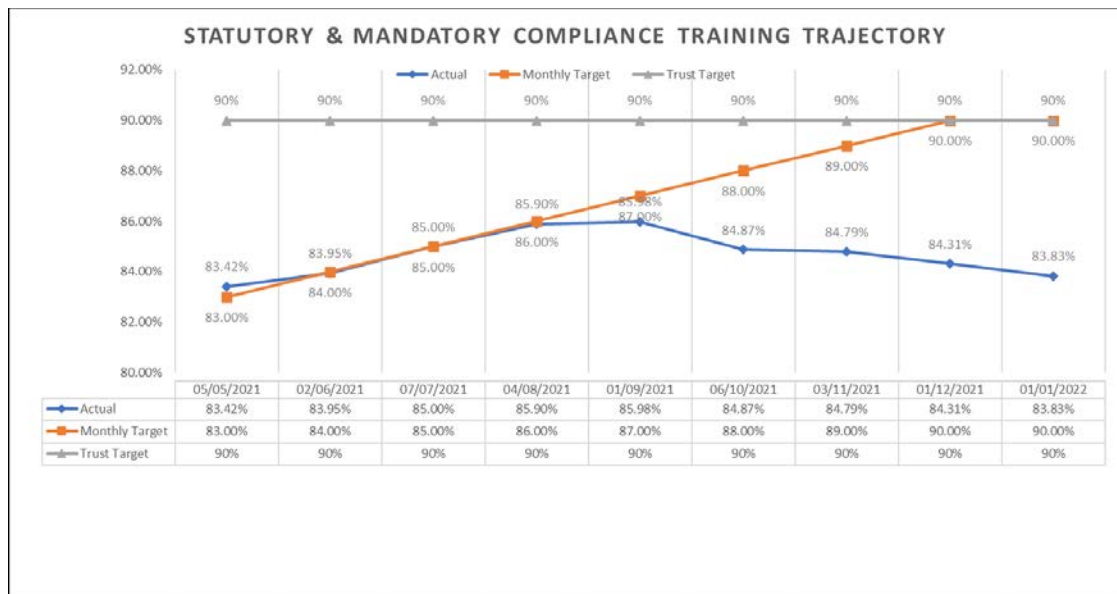
3.5. An analysis has been done on the range of allegations that are at a formal stage of the Disciplinary process. The top 3 fall into the following:

Allegation Type	Number
Unauthorised absence	4
Assault	5
Negligent Behaviour	5

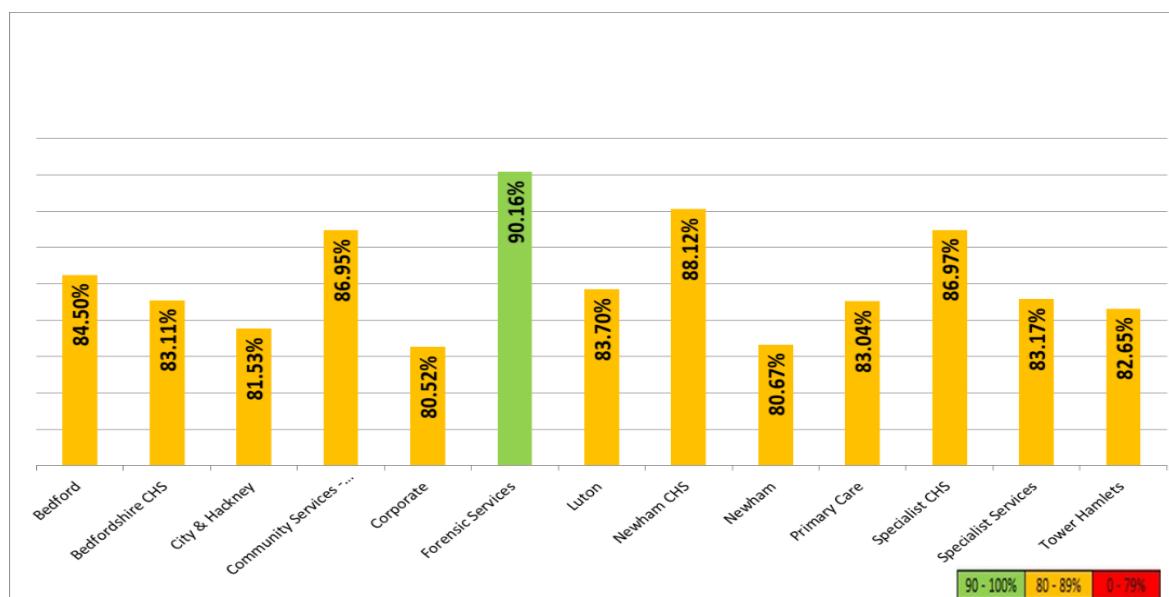
4. Learning and Development Return for board paper January 2022

4.1. Statutory & Mandatory Training Compliance has seen a decrease this month to 83.68%. As with the previous months the impact of staffing levels, high levels of staff sickness and pressure on services is seeing a knock-on effect to completion of statutory & mandatory training, both online and in the classroom.

- 4.2. The L&D team continue to work hard in communicating spaces with managers, targeting individuals who are none compliant, running virtual courses and staying on top of mapping.
- 4.3. A series of regular meetings are being created with the Chief Operating Officer, the DMT Leads and the L&D team to discuss the local requirements for statutory & mandatory training and understand any local blocks and issues that are preventing staff completing training. This will result in a local plan and target to be managed by the DMT with support of the L&D Team. These meetings are expected to commence in January 2022.
- 4.4. The graph below shows Statutory & mandatory training compliance over the past 9 months.
- 4.5.



- 4.6. The graph below shows Statutory & Mandatory Training as of 5th January 2021 for each of the trust DMTs/Areas.



5. Appraisal

- 5.1. The 2021 appraisal (for non-medics) cycle ended on 31st October 21.
- 5.2. Managers were asked to continue to complete outstanding conversations and to capture details of unregistered conversations up until the beginning of December.
- 5.3. The Appraisal completion rate as of 1st December 21 was 65.30%. Directorates range between 37% and 90%. City & Hackney has the lowest appraisal compliance rate and the reason for this is that there is a degree of under reporting in that appraisal may have been completed but not recorded centrally. It is thought that some teams need to improve their ability to ensure appraisals take place.
- 5.4. This has been exacerbated by considerable turnover in Managers and supervisors in some services, absences due to covid and increased working from home and the general disruption caused by covid Covid-19.

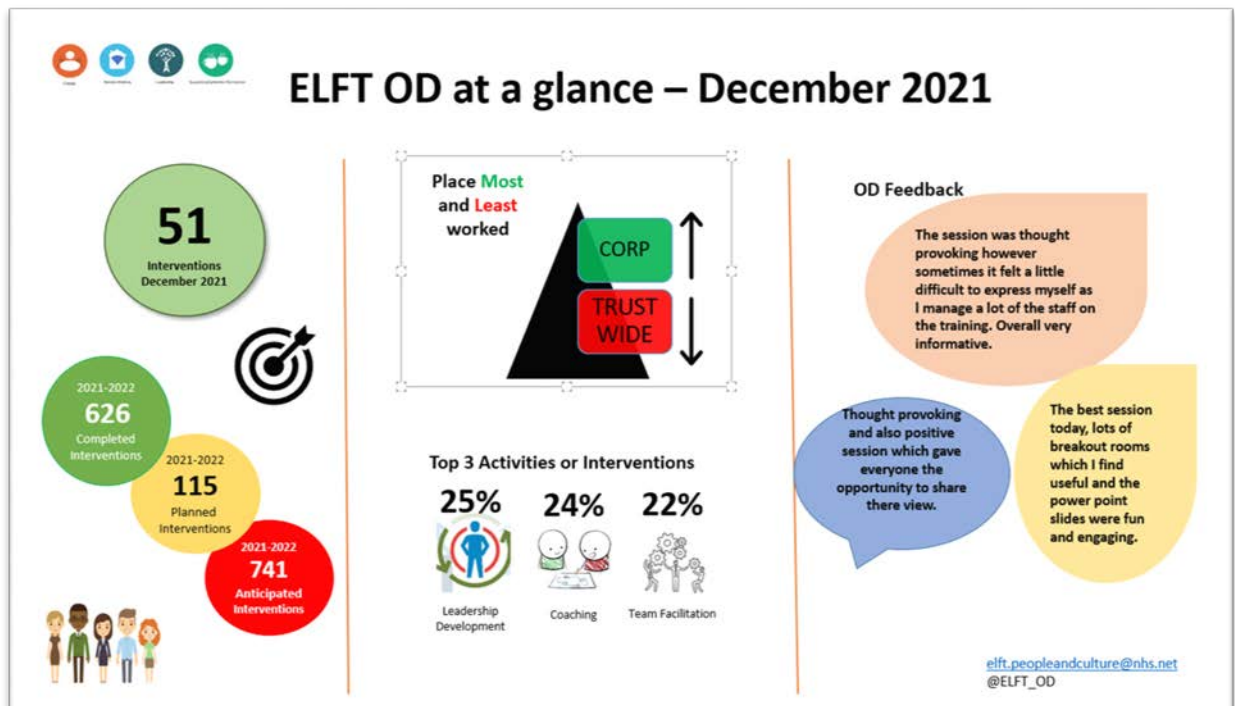
6. Learning Management System/ELFT Academy

- 6.1. The Learning & Development team, along with a project group from across the trust will be launching a new Learning Management System across the trust in February 2022. This system will replace Online Learning Management (system (OLM) as the digital tool through which learning is offered, administered, and delivered across the organisation. The new system will be branded as the ELFT Learning Academy (ELA).
- 6.2. The ELA will launch containing all statutory & mandatory training, all vaccination training and all elective learning delivered by the L&D team. Over time the plan is to work with the teams who deliver learning across the trust to transfer their offer into the ELA so that the system become the single-entry point for learning. The system will also become the home of a new appraisal process which will be fully integrated and provide an improved user experience and enhanced reporting.
- 6.3. Having a one stop shop for learning will also bring the benefit of improved reporting on the learning that happens across the trust and a clearer picture of the quantity and quality of the training & development being provided. This will include improved reporting on WRES data and other externally required information.
- 6.4. As part of the implementation the delivery of Statutory and mandatory training will benefit from a new methodology of ensuring that individuals get the training they need. In OLM the training is mapped to position number, but the new system allows us to utilise a rules/characteristics approach. This will allow us to apply the existing mapping rules in a more accurate way which will result in people having to do the specific training that they need. This system and approach have been deployed in 20+ trusts across the UK who have reported greater accuracy in training deployment.
- 6.5. Trust wide communication has now started, with the first email becoming the most clicked communication of 2021 and communication and information sharing will carry on in the run up to the launch and in the months afterwards as new functionality, process and content are added.

7. Organisational Development Activity

7.1. The Organisational Development (OD) Team completed 51 interventions in December 2021 bringing the total number of interventions completed to date to 626. The top three activities delivered in December were:

- Leadership Development (25%)
- Coaching (24%)
- Team facilitation (22%)



8. Wellbeing and Wellbeing Forum

8.1. Since Paul Calaminus has become ELFT's wellbeing guardian, we have hosted 6 Trust-wide wellbeing conversations with all those involved in staff wellbeing across ELFT. The forum is gaining momentum, with actions being delegated and reported upon each week. Work continues to support the development of a trauma informed approach across the Trust. This work was reflected in the presentation to the Private Trust Board meeting in November (attached as Appendix two). Information feeding into this includes usage of the Employee Assistance Programme (EAP) and Care First.

8.2. Engagement & Wellbeing continues to be an important part of the virtual induction & the team continue to attend virtual team meetings across the Trust to provide wellbeing information (in replacement of wellbeing roadshows). The team also continue to arrange the Covid Support Social Group (which has replaced the Shielding Social Group).

8.3. Work has also continued to recruit more Bullying & Harassment advisors Trust wide with 13 applications received to date, and a planned training date set up with ACAS.

8.4. A Winter Wellbeing Calendar has also been launched, promoting physical activity for the winter months. This includes the introduction of free weekly virtual Yoga & Pilates during December 2021, January 2022 & February 2022.

- 8.5. The 2021 Staff Survey campaign ended on Friday 26 November 2021. We ended on a 41.3% response rate (2572 respondents from an eligible sample of 6233 staff). In 2020, our final Staff Survey Response Rate was 43.6%. Some of the initial results have been released by Picker. The staff survey results are under embargo until the middle of March 2022.
- 8.6. The quarterly pulse survey went live at the beginning of January and closes on 31 January 2022.
- 8.7. The vitamin D campaign is underway for a second winter. A free 3-month supply of Vitamin D has been offered to all ELFT staff and The Engagement & Wellbeing team is working closely with the Pharmacy team to ensure an efficient supply & demand ordering process. Over 1700 staff have requested Vitamin D as a result of this campaign.

9. The NHS Long Service Recognition campaign and ELFT 'Thank you'

- 9.1. The Trust have award some 200 long service awards. These were sent in early January 2022, along with a handwritten 'thank you' card from the Chief Executive Officer.

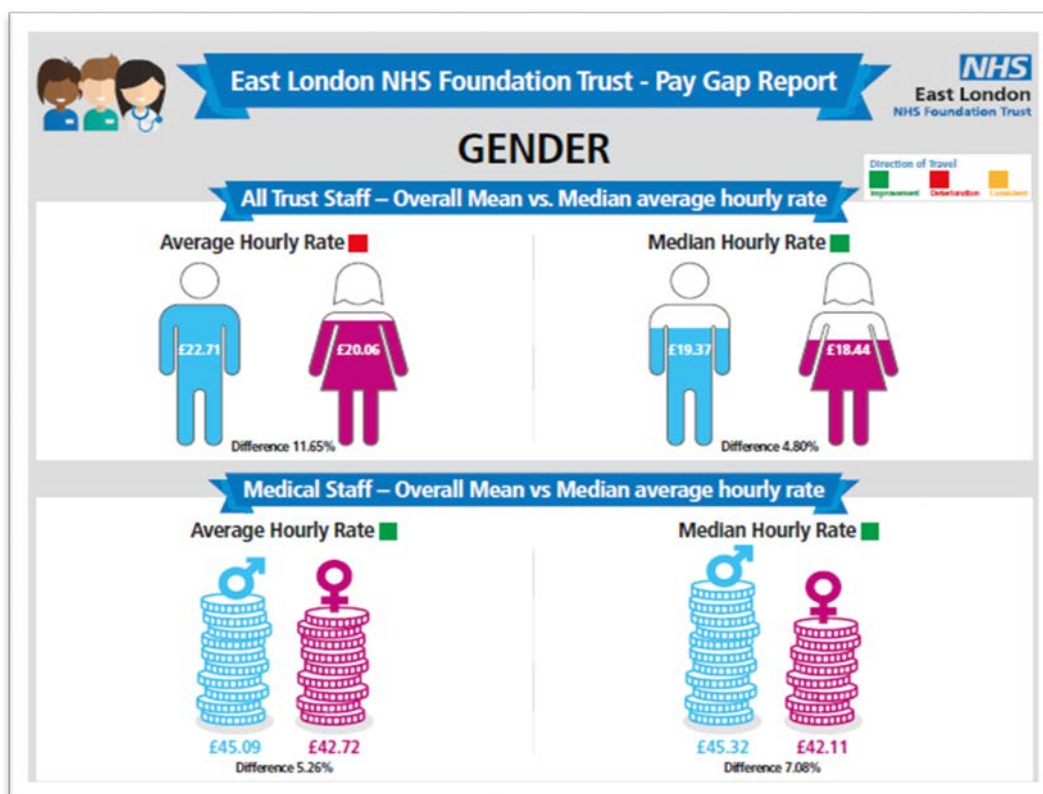


- 9.2 All staff who were in post between 1 January 2021 and 19 December 2022 and all bank workers who have worked 400 hours between the same dates, will receive a £100 payment via their salary, which will be received in January 2022. This is to say thank you for all their work during the challenges of the 2021.

10. Gender Pay Gap

- 10.1. The Trust have submitted their gender pay gap submission. No submission was required in 2021, although the Trust did conduct the analysis required. In 2021 the gender pay gap deteriorated slightly from 11.80% in 2019 to 12.01% but has improved again in the 2021 submission to 11.65%.

Snapshot Date	Average Hourly Rate Pay Gap	Median Hourly Rate Pay Gap	Average Bonus Gap	Median Bonus Gap
31/03/2019	11.80%	6.25%	47.86%	63.50%
31/03/2020	12.01%	6.14%	48.21%	59.31%
31/03/2021	11.65%	4.80%	47.41%	66.67%



11. Workforce Race Equality Standard (WRES) Action Plan Workforce Disability Equality Standard Action Plan (WDES).

11.1. The previous WRES and WDES Submissions were made in August 2021 and have previously been approved at the Appointments and Remuneration Committee. The draft action plans were published subject to the board endorsing these action plans. As previously reported there have been improvements in most of the metrics and the actions have been updated to demonstrate the progress made to date.

11.2. The Workforce Disability Standard (WDES) action plan in terms of completed actions there has been progress in terms of reviewing policies and processes. An area of focus around access to non-statutory and mandatory training, and we are working with ELFT Ability leads to further develop the WDES action plan. These action plans can be found in Appendix 3 and Appendix 4 of this report.

12. Pension Changes

12.1. The Department of Health and Social Care is now consulting on proposed changes to employee contribution rates to the NHS Pension Scheme. Currently, the percentage the employees contribute to their pension is determined by their earnings, with higher paid staff making a larger pension contribution and so in retirement getting a larger pension.

12.2. The NHS Pension Scheme proposes to move to a career average revalued earnings (CARE) model for all active members from 1 April 2022. The consultation proposes a new employee contribution structure which will contain fewer tiers and new contribution rates.

12.3. This will mean that some members will see an increase in their pension contributions. Changes would be phased in over two years starting 1 April 2022, with the final changes made from 1 April 2023. This approach seeks to minimise the impact on take-home pay and to give members time to adjust to the changes.

- 12.4. Changes made to the Pension Scheme back in 2015 have been reversed as were found to be discriminatory to younger age groups. (McCloud Judgement) All existing NHS Pension members were compulsorily moved into the 2015 Scheme from 1 April 2015 with the exception of Pension members who were within 10 years of their normal pension age. This was found to be discriminatory. Everyone is now re-enrolled into the 2015 Scheme and will be given two calculations at retirement about both options. The member can then make an informed decision at retirement.

13. Non-Violence Resistance (NVR) parenting classes

- 13.1. After the positive attendance on the NVR course and the phenomenal feedback, we have simultaneously launched cohorts 2 & 3. There are already 42 sign ups. Cohort 3 has launched in January 2022. Some of the feedback is detailed below:

"I started this course with apprehension that I was admitting to others that not everything was rosy in our family. A little ashamed perhaps. My son's behaviour was spiralling slowly out of control. What I learnt in the first session was that I was not alone!"

"I attended the course as a father who has a difficult relationship with one of my 3 daughters. Arguments. Anger. The level of conflict has dropped considerably. My daughter knows I am doing the course, which I think she likes, as she knows I am doing it for her."

"I was hoping to help my grandchildren and their parents struggling with anxiety and stress. (Yet) I feel I have helped myself more and they are benefitting as I am in a better place - able to understand and give them more love and understanding."

"I thought the course would be helpful in handling the kids but I have gained more knowledge and understanding in dealing and handling issues arising in other relationships in my life."

"During the pandemic, we were struggling with my 13 year old son's behaviour. He had become withdrawn, playing computer games all night, angry, and not talking to us. We almost didn't know who this boy is anymore and we felt like a failure as parents. During the course, we found ourselves again, started to smile and have more fun together."

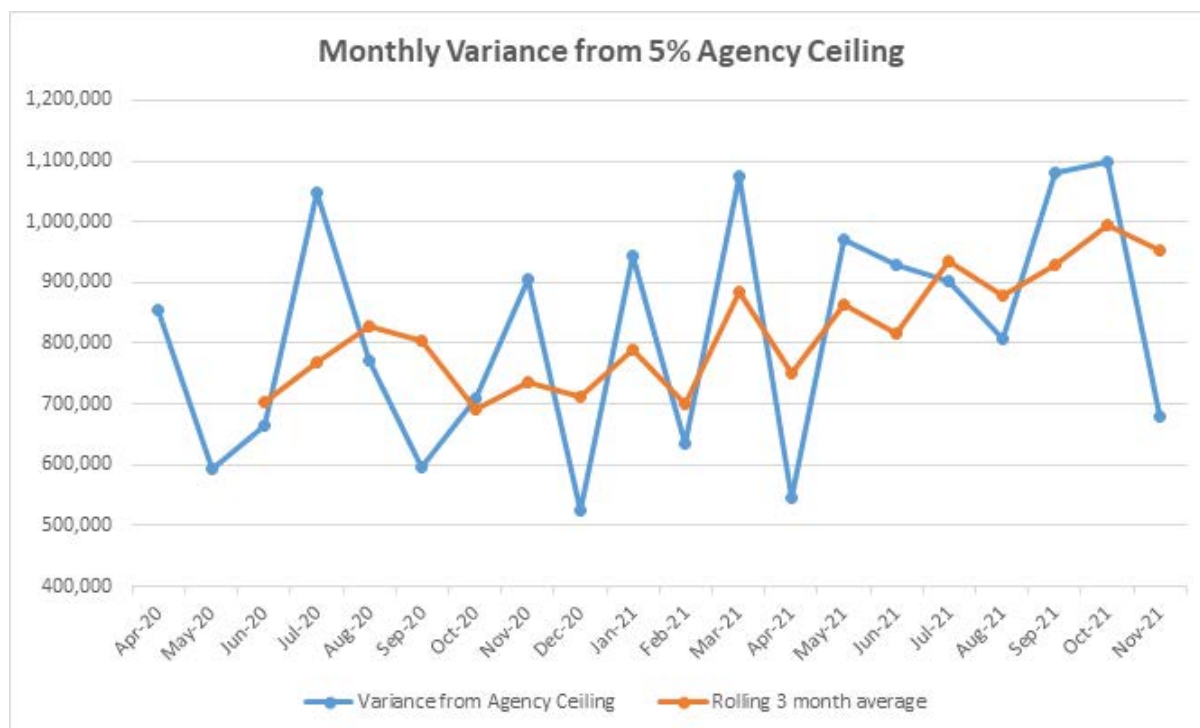
"It has given me new tools in my parenting tool kit. Each step had something useful to think about in different situations with my children"

14. Organisational Changes

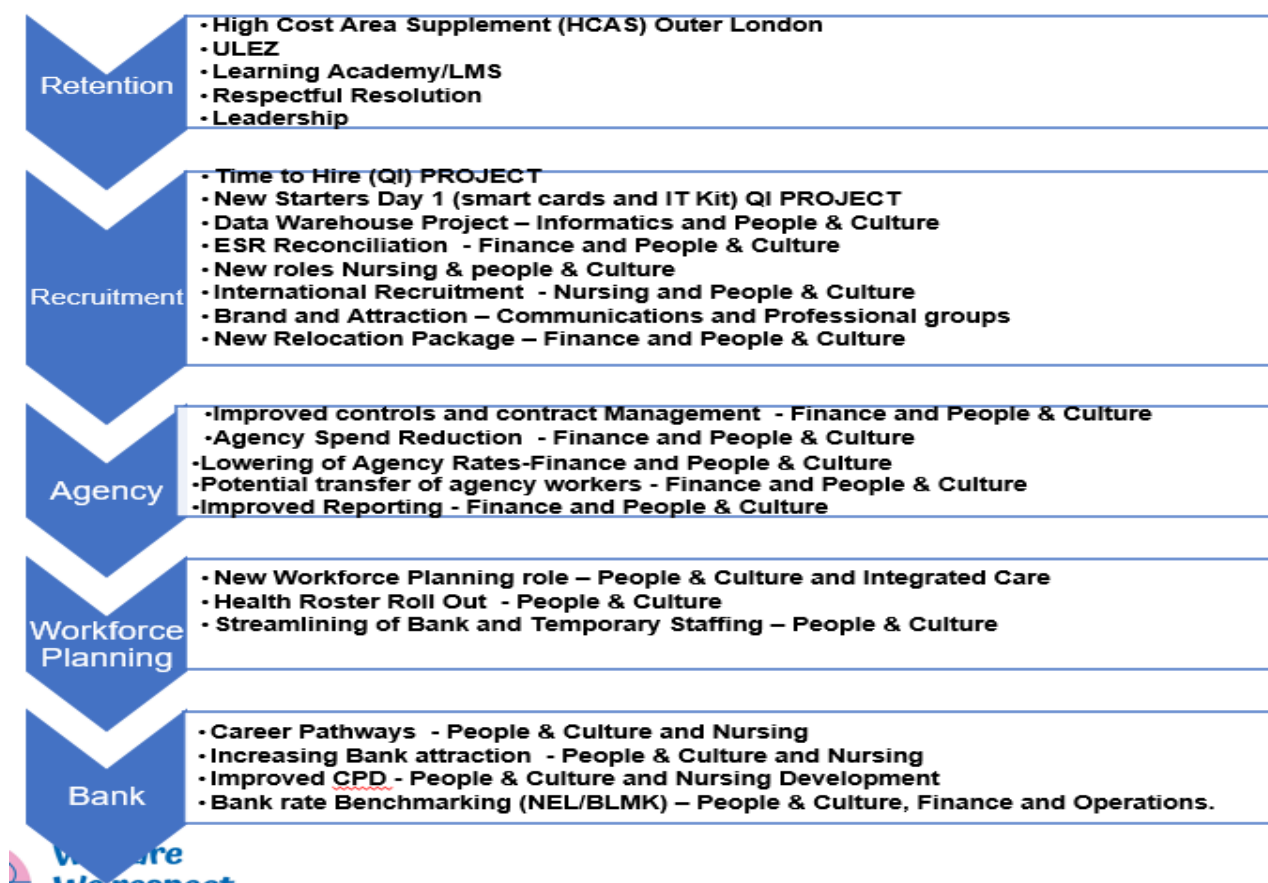
- 14.1. There are currently live are 9 live organisational changes across the Trust – a reduction from 14 in the last update. The reasons for the organisational changes are due to service redesign/reconfiguration and relocations/changes to ways of working. There are 1475 staff affected, reduced from 188 in the last report and these changes are placing 29 staff at risk of redundancy resulting in two actual redundancies.

15. Update on Agency Usage/Spend – December 2021

- 15.1. The agency spend in November 2021 was significantly reduced. However, allowing for monthly variations, the rolling 3-month trend remains upwards. The graph below shows the monthly agency spend against the variance from the historic monthly 5% agency ceiling.



- 15.2. There remain particular pressures within Bedfordshire Mental Health Services, and Community Health Services in Bedfordshire and Tower Hamlets. More detailed information relating to this has been reported to the Finance Business and Investment Committee.
- 15.3. The highest agency spend is in relation to medical staffing vacancies across the Trust. Agency usage in Luton and Bedfordshire is particularly high. An agency spend reduction project is underway with a key outcome to reduce agency spend and to recruit and retain consultants.
- 15.4. Work also continues to improve temporary staffing processes, with further mapping of temporary staffing bank and agency to identify areas for improvement taking place in January 2022 and facilitated by the Quality Improvement team.
- 15.5. Work also continues through the established recruitment and retention meeting with Executive leadership and representation across professional groups focusing on the following areas. As this work progresses updates will be brought to future board meetings



16. Freedom to Speak Up Update Report 1st November- 31st December 2021

Table 1.1: Number of concerns raised - by Themes

FTSU Concerns Data by themes	1 st November to 31 st December 2021
Patient Safety/Quality of Care	0
Bullying/Harassment/Negative Behaviours	3
Worker safety*	0
Processes/Organisational Structure/ Other	11
COVID-19 related	0
Others	0
Unknown	2
Total number of themes*	14
Total Number of staff raising concern	14

Number of concerns raised anonymously	2
Disadvantageous and/or demeaning treatment as a result of speaking up	0

***Worker safety** has been added as a category by the National Guardian Office as of July 2021 (in addition to the existing 'patient safety/quality' and 'bullying and harassment' categories).

The term 'detriment' has been replaced with 'disadvantageous and/or demeaning treatment', though the term detriment is still used in brackets to avoid any confusion. (The definitions for various categories have been updated for added clarity.)

***Total number of themes** does not always correspond with the total number of staff raising concern, one staff concern can relate to multiple themes.

16.1. **Table 1.2: Number of concerns raised - by Directorate.**

FTSU Data for this reporting period by directorate	1st November to 31st December 2021
Bedfordshire	2
City & Hackney Services	1
Community Health Services - Bedfordshire	0
Community Health Services - Newham	0
Community Health Services - Tower Hamlets	1
Corporate Services	0
Forensic Services	0
Luton	0
Newham	4
Primary Care Directorate	0
Specialist Services	0
Tower Hamlets	2
UNKNOWN	4
TOTAL	14

Table 1.3: Concerns raised - by Professional Group

Concerns raised - by Professional Group	1 st November to 31 st December 2021
Administration, Clerical & Maintenance/Ancillary	5
Allied Health Professionals	0
Corporate Services	0
Medical and Dental	2
Registered Nurses and Midwives	2
Nursing Assistants or Healthcare Assistants	0
Social Care	1
Not Disclosed	2
Other	2- volunteer
TOTALS	14

Highlights from Freedom to Speak Up

- 16.2. The theme with the highest reporting was Processes / Organisational Structure / Other. These concerns were in relation to sickness monitoring and the sickness policy, secondments, and managing the process of staff returning to the office to work.
- 16.3. A new reporting category has been added for 'worker safety'. The themes for these criteria are related to staff working environment, specifically lack of ventilation and A/C which was described as a "health hazard". There is ongoing support from estates team to resolve these issues as soon as possible.
- Two concerns were received anonymously.
 - There were no COVID-19 related concerns.
 - All concerns raised have been escalated to Service Directors and/or HR as appropriate to the nature of the concern raised.
 - FTSU continues to deliver FTSU awareness training at Trust Induction monthly via virtual sessions during the Corporate Induction Training day and facilitate virtual and face to face training to teams.

17. Whistleblowing

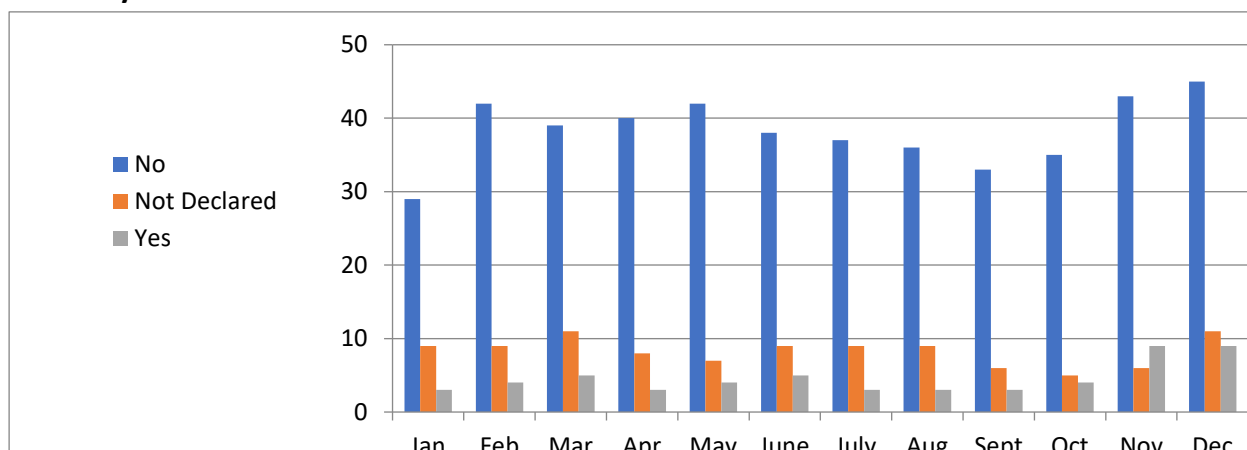
- 17.1. There are currently no open whistleblowing cases.

18. Action being requested

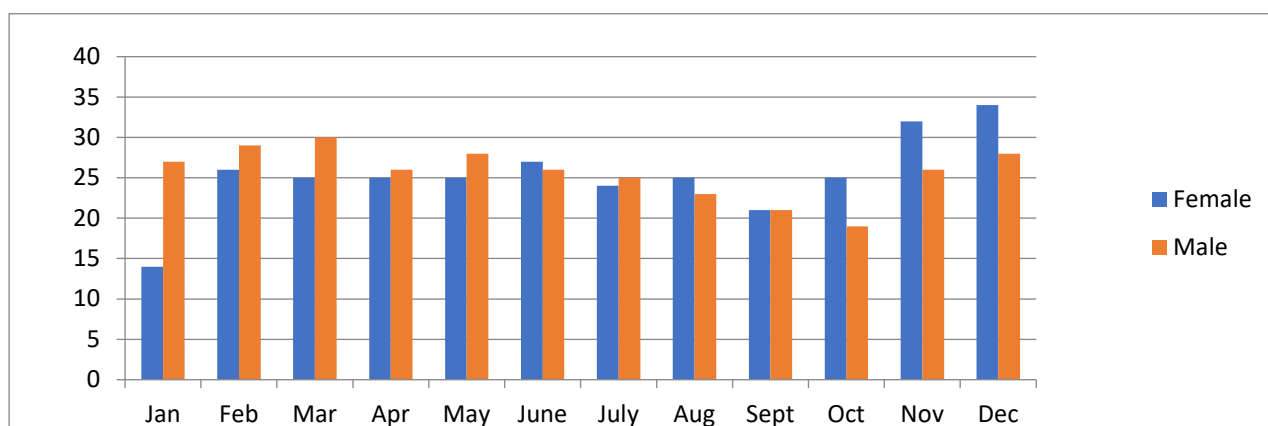
The Board is asked to **RECEIVE** and **NOTE** the report and **APPROVE** the WRES and WDES Action plans.

Appendix 1 - Summary of Disciplinary cases by Demographics

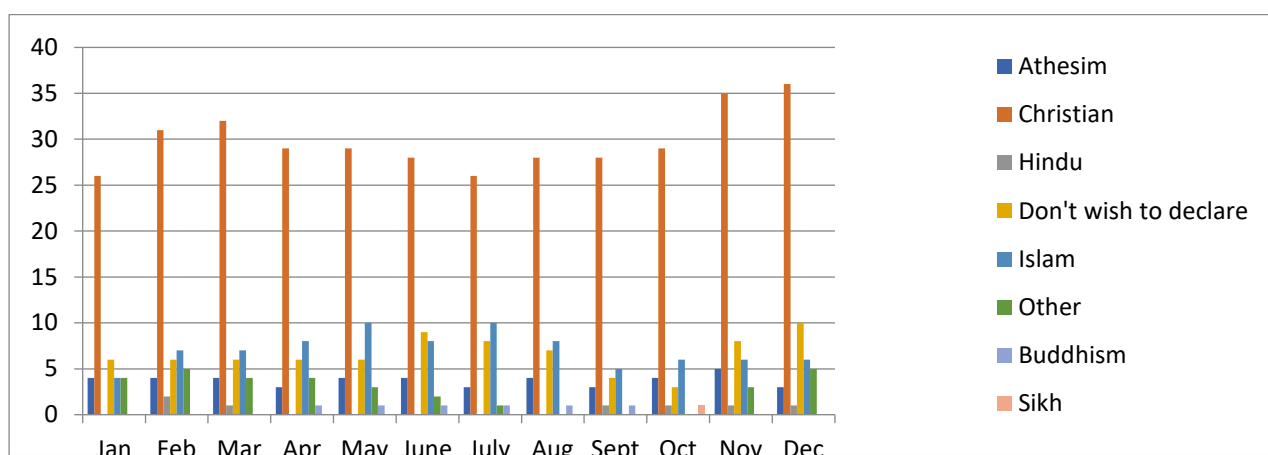
Disability



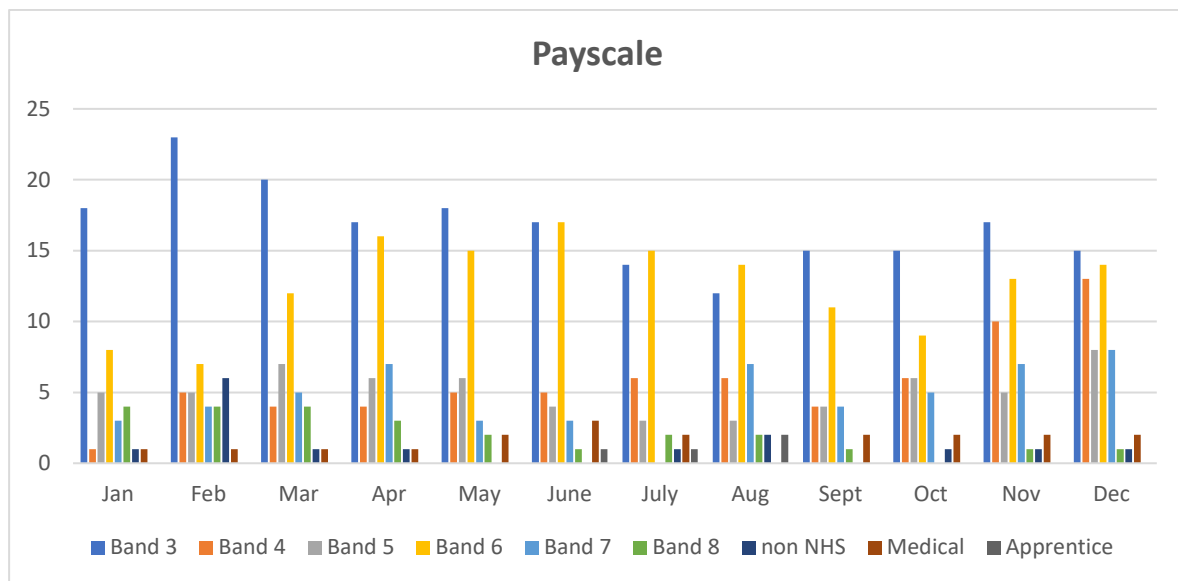
Gender



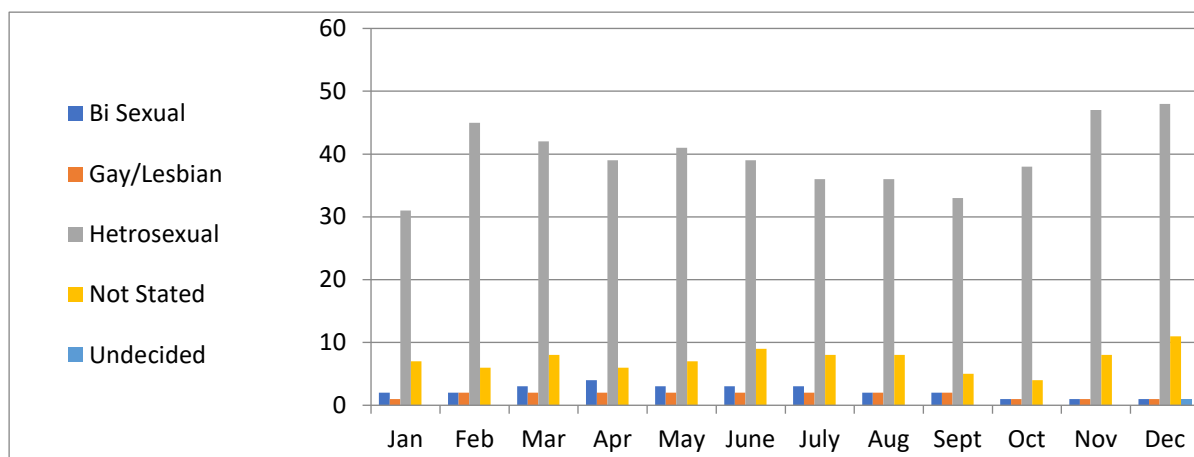
Religion



Pay scales



Sexuality



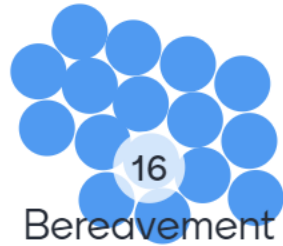
Looking after our people – A trauma informed approach

Tanya Carter,
Chief People Officer



We care
We respect
We are inclusive

Over the last year have you or anyone in your family experienced any of the following



Bereavement



Financial Difficulty



Partner Furlough or job loss



Ill Health - COVID



Ill Health - Mental Health



Ill Health - Physical



Bullying &/or Harassment



Family Issues



Traumatic Incidents

What staff have said

ELFT is my
second life -
Di Aston
Corporate;

ELFT has been the best place for me
to work - Daniel Mulenga- City and
Hackney;

ELFT has given me the
opportunity to progress from a
volunteer to a manager by
providing relevant
training; ELFT
looks for potential and creates
leaders - Md Mostafizur
Rahman, Community Health
Newham;

ELFT is a friendly
place to work,
committed to
retaining our
excellent rating -
Dawn Jacob
Forensic;

The main thing about ELFT is
it wants to do right by the
people and communities it
serves, and by the people it
employs to deliver its vision -
Rory Bolton, City & Hackney;

ELFT means
enjoyment,
encouragement
and inclusion -
Stuart Crawford
City and Hackney
MH community

Working within ELFT is like being
part of a family. A family that
strives to be better and give
everything we can
to our service users. Service
development projects offer a wide
range of opportunities
and all ideas are listened to and
given space for discussion –

Kayleigh Sanders, Older Persons
CMHT and MAS;

My best work of
place –
(fabio.defrancesc
antonio@nhs.net
C&H);

A Trust that cares a lot about patients,
encourages staff to be innovative in continuing
to keep up with high standards of care for
patients and it values its employees - CK –
Forensics (C.kundishora@nhs.net);

I will forever be grateful for the
precious experience working
with ELFT has taught me and
the efforts they go to
improve the lives of the people
who work for them and more
importantly who use their
services. Not many
organisations allow you to have
a voice - Claire Perry,
Newham;

A life where you can give
so much to the community
and in return get so much
back - Catherine
Forrester

ELFT Strategy & People Plan

East London NHS Foundation Trust provides community health, mental health and primary care services to a population of around 1.8 million people across Bedfordshire, Luton, Richmond and East London. Our strategy takes into account the changing needs and assets within our local populations, the impact of the pandemic on our communities, greater collaborative working between local health and social care and voluntary sector organisations, and the views of local people, staff and stakeholders. It provides us with direction, and defines our priorities as an organisation.

Mission
What is our role in society

Strategic Outcomes
What are the biggest factors that will help us achieve our mission?

Specific Objectives
What do we need to work on, for each of our strategic outcomes, to achieve our mission?

To improve the quality of life for all we serve

Improved population health

- Prioritise children and young people's emotional, physical, social and learning development
- Support service users, carers and the communities we serve to develop skills & to access meaningful activity and good quality employment
- Support service users, carers and the communities we serve to achieve a healthy standard of living
- Contribute to the creation of healthy and sustainable places, including taking action on climate change
- Champion social justice, and fully commit to tackling racism and other forms of prejudice
- Prioritise prevention and early detection of illness in disadvantaged groups

Improved experience of care

- Address inequalities in experience, access and outcomes in our services
- Deliver on our commitment to integrated care, including multidisciplinary teams working around neighbourhoods
- Get the basics right through reducing waiting times and increasing access to services, meeting existing and new demand
- Continue to build our approach to coproduction, people participation and programmes such as peer support and befriending
- Build on the innovation that we saw during the pandemic to transform and improve our clinical delivery, strengthening our ability to adapt and remain flexible and resilient to future challenges and

Improved staff experience

- Develop and embed trauma-informed approaches into clinical practice and in our work with partners
- Prioritise quality of care and develop our patient safety approach, applying quality improvement
- Enhance our digital and data infrastructure so it works effectively in service of our teams
- Get the basics right through supporting our staff and teams to thrive and be happy and healthy
- Develop and grow our workforce, offering lifelong learning, professional development and exciting opportunities for staff, service users, carers and local communities

Improved value

- Extend the financial viability programme, engaging all in reducing waste, improving financial sustainability
- Work collaboratively across the system with our partners to improve value and reduce waste

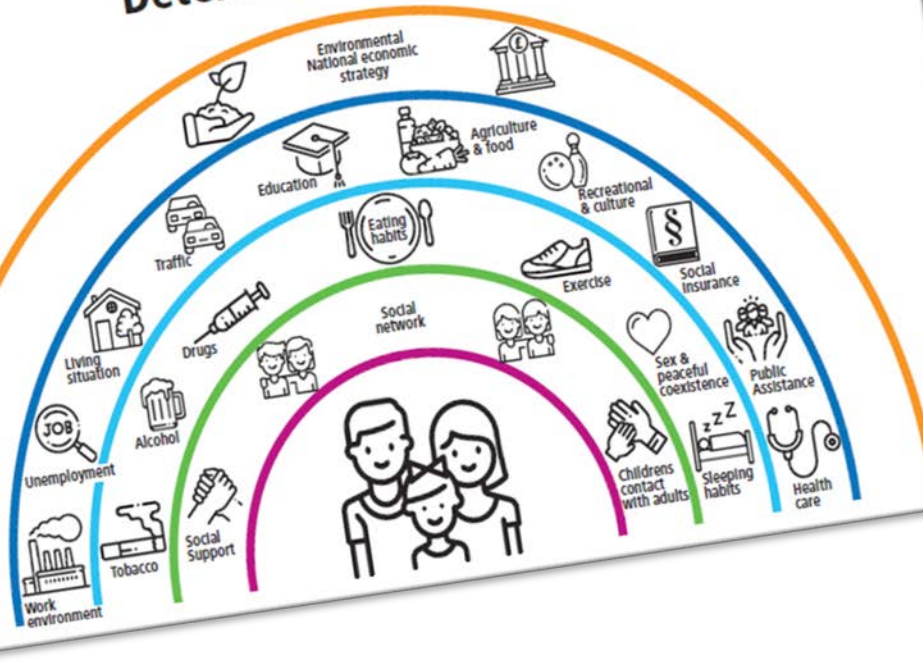
The ELFT BE WELL wheel



Approach to wider determinants of health

Our staff as populations

Determinants of Health

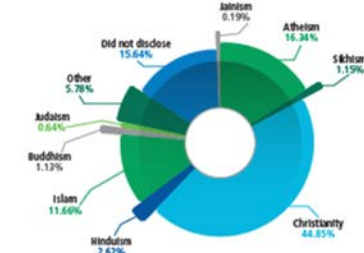
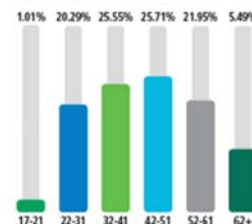


OUR TRUST PROFILE

1 April 2020 - 31 March 2021



AGE GROUP



GENDER



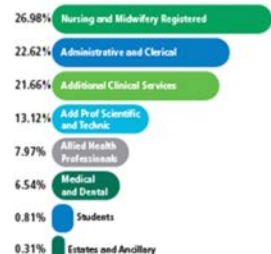
DISABILITY



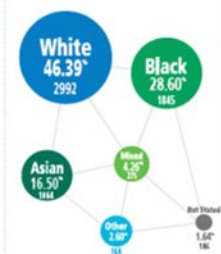
MARITAL STATUS



STAFF GROUPS



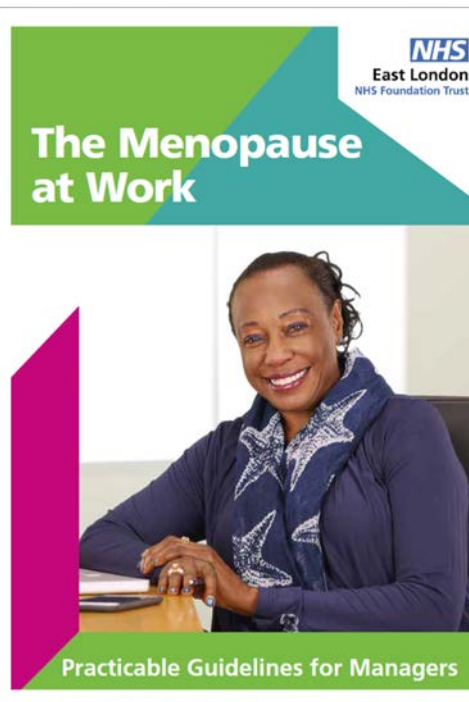
ETHNIC ORIGIN



SEXUAL ORIENTATION



We care
We respect
We are inclusive



Trauma informed approaches

NHS
East London
NHS Foundation Trust
4 Key Elements

Provide Trauma Informed Care to all Service Users in ELFT services by the end of 2022 using the 4 Rs.

1. Realising the impact of trauma
2. Recognising the signs and symptoms of trauma
3. Responding by integrating knowledge about trauma into policies procedures and practices
4. Resisting re-traumatisation

6 Key Principles*

Safety

Trustworthiness and transparency

Peer support

Collaboration and mutuality

Empowerment, voice and choice

Cultural, Historical and Gender Issues

Staff and service user education and training

CAMHS – inpatient and community services

Violence reduction (Time to Think)

Sexual safety Collaborative

Community transformation (MH)

Reducing restrictive practice

Review of physical environments

Care planning, clinical decision making and co-production

Shared learning from incidents

Review of clinical policies

Service user forums

Peer support development, deployment and support

Staff well-being and support

Gender sensitive and anti-racist practices

Culturally aware, inclusive and sensitive practice

Work that is or becoming Trauma Informed

*https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf



**We care
We respect
We are inclusive**

Creating the Right Environment – Areas for work



1. Naming the issue. Embed recovery and protected restorative time. Work with our staff as a population and populations



2. Team based recovery – all initiatives should be focused on rebuilding and maintaining resilient teams A focus on team's facilitating space to reflect together and regroup = away days



3. Using approaches informed by evidence base



4. Equality, diversity and inclusion



5. Compassionate leadership



6. Trying to address the “pebbles in our shoes”



We care
We respect
We are inclusive

EAST LONDON FOUNDATION TRUST (ELFT) WORKFORCE RACE EQUALITY STANDARDS (WRES)

DRAFT ACTION PLAN 2021/2022

Indicator No.	Indicator		Action	Progress to date	Lead	Status
1	Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce		<p>Reporting on job evaluations. Create and implement Guidance.</p> <p>Communications regarding the senior BAME appointments to raise awareness internally AND externally of the Trusts progress against the WRES.</p> <p>Undertake Succession Planning at all levels.</p>	<p>There is improved consistency and the process is more robust. Report by the end of August 2021</p> <p>The model employer goals show progress from 2019/2020. See appendix 1</p> <p>Succession planning is already underway for CEO, Executives, Clinical/Service Directors and deputies using the Leadership Academy's Talent Management Methodology. To ensure a diverse pipeline of candidates for senior roles that are reflective of the communities that we serve. In addition, equality analysis has been undertaken on all protected characteristics to enable the Trust to identify how it can be</p>	<p>People Relations Manager</p> <p>Chief People Officer & Comms.</p> <p>Associate Director of People Development and People Development Business Partner & People Business Partners and Service Directors</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing for Executives, Services Directors/Clinical Directors and deputies.</p>

			<p>Targeted recruitment adverts promoting the need to attract underrepresented groups in particular bands.</p> <p>Continue to explore working with organisations such as Diversity by Design for recruitment for roles that are band 7 and above.</p> <p>A number of BAME senior appointments have been made in the last year.</p>	<p>more diverse in these senior roles.</p> <p>B7 career Development conversations launching Summer 2021. B8a and above launching 2022/2023.</p> <p>Development proposition being piloted with the BAME Network and Admin and Clerical Staff and Women's Network Autumn 2021.</p> <p>Significant progress of appointments of people from BAME groups in 8a and 8b. Appointments of people from BAME backgrounds have deteriorated in Bands 8c and 8d.</p> <p>The pilot with Diversity by Design was unsuccessful. But a new project in terms of values recruitment is underway. We have run a</p>	<p>L&D Business Partner</p> <p>L&D Business Partner/ Director of People & Culture</p> <p>Service Directors</p> <p>Deputy Director of People & Culture</p>	<p>Spring 2022</p> <p>Autumn 2021</p> <p>Ongoing</p> <p>Pilot ended</p>
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				<p>Career Development working group following on from the feedback from the 2020/21 WRES and 2019/2020 Staff Survey results and feedback from the Covid 19, Race and Privilege events.</p> <p>This is being progressed as part of the Values Based Recruitment project. Work is ongoing to de-bias recruitment. QI project with People Participation to improve service user experience on panels.</p>	Chief People Officer and Deputy Director of People & Culture	
			Change in competencies required to uplift existing band 2 staff to band 3 for band 2s who transferred in from Bedfordshire Community.	A similar exercise due to take place in Bedfordshire Community for those who transferred into the Trust in 2018. Subject to staff undertaking the Care Quality Certificate.	Director of Nursing (Community).	Completed.

			<p>Continue to undertake OD interventions at team level, organisational level (input at DMT away days) and at individual level such diagnostic tools 360 degree feedback, Myers Briggs Typology Indicators (MBTI), Discovery insights diagnostics profiles, coaching and/or mentoring programmes.</p> <p>Create a coaching and mentoring register so that staff can access coaching and/or mentoring. Continue to monitor employee take up and progress of those staff who have undertaken coaching and mentoring</p>	<p>A new Leadership workstream has been set up post Covid 19 and has rolled out peer leadership circles.</p> <p>A coaching platform has been procured and has been implemented. The first cohort of Reverse Mentors has also been launched. A coaching programme (group and Individual) has been commissioned commencing in Autumn 2021.</p>	<p>Associate Director of People Development Exec Director of Commercial Development, Chief Nurse and Director of People & Culture.</p> <p>Associate Director of P&C. OD.</p>	<p>Completed</p> <p>In progress</p>
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			<p>In-depth gender pay gap analysis (GPG) undertaken across all protected groupings is part of the Gender Pay Gap Reporting.</p> <p>Clinical Excellence Awards (CEAs) In addition to the general CEA communications we are in the process of doing targeted communications to consultants who are in the underrepresented groups (women and BAME) as well as those who are considered to be disabled.</p> <p>CEA briefing sessions to advise consultants the types of additional activities they could apply for CEAs.</p> <p>We have also offered workshops to help with the completion of the CEA application forms to try and maximise the number of</p>	<p>There was no submission in 2020 due to Covid 19. The submission was made on 28 September 2021. The gender pay gap has decreased from 12.01% to 11.65%</p> <p>Repeat the CEA exercise and workshops in Autumn/Winter 2020. The CEA round was completed. We have seen an increase in the number of Women and there is more work to do.</p> <p>We were unable to run the CEA exercises, but it has been agreed that the available awards will be allocated to all eligible consultants for 2019/2020 and 2021/22 round.</p>	<p>Head of People.</p> <p>Associate Director of People & Culture</p>	
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			applications from women and BAME consultants.				
			Apprentices and other staff groups are being supported by the Careers and Redeployment Advisor role to try and secure permanent employment. Business case submitted to the Trust	This resource has been made permanent.			

				executive to request to make this resource permanent.			
2	Relative likelihood of White staff being appointed from shortlisting across all posts.	2019 1.40	2020 1.34	<p>Conduct an audit on successful BAME candidates to understand why they were unsuccessful.</p> <p>Survey internal unsuccessful candidates to understand what support and development they need in order to progress. This will be linked to their performance appraisal and Personal Development Plan (PDP)</p> <p>We have implemented a Functional Skills Facilitator post from 1st September 2018 to support the following groups with maths and English.</p> <p>Implemented a Staff Transfer scheme for nurses – to enable staff to move around the Trust without the need for a formal recruitment process.</p>	<p>This Audit was delayed due to COVID19.</p> <p>This resource is now permanent, and a number of staff have successfully gone through the Functional Skills programme.</p> <p>Undertake ongoing promotion.</p>	<p>Head of Resourcing</p> <p>Functional Skills Lead.</p>	

3	<p>Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation</p> <p>Note: This indicator will be based on data from a two-year rolling average of the current year and the previous year</p>	<p>2019</p> <p>2.44</p>	<p>2020</p> <p>1.44</p>	<p>Implemented the Fair Treatment process to review disciplinary cases.</p> <p>Service User review of the ER activity where mental health is a factor. Created a video detailing these findings to better publicise and incorporate in training. This has meant that People Relations</p>	<p>We have continued with the Fair Treatment Process and have managed a sustained reduction in suspensions. We have also reduced the gap in the number of disciplinary staff from BAME backgrounds compared to White staff.</p> <p>Service User involvement has continued at JSC Sub Committee meetings.</p> <p>Reporting has improved and is more detailed and is reported to Joint Staff side Committee (JSC) Service Delivery Board (SDB) Appointments and Remuneration Committee and the Trust Board. This has continued.</p> <p>This work has continued we have received impactful feedback about these two</p>	<p>Associate Director of people & Culture</p> <p>Associate Director of people & Culture</p>	

				<p>Advisors have better insight when advising managers.</p>	<p>roles and it is proving for a more positive experience for staff. ELFT won the 2020/21 HSJ WRES Award for Compassion and Equality in Employee Relations. And are rolling out the respectful resolution programme in Summer 2021.</p> <p>We are also in the process of rolling out Respectful Resolution.</p>	<p>People Relations Manager</p>	
				<p>Procured and rolled out an electronic ER Case Tracker system to improve reporting. This has improved the quality of reporting and monitoring and has enabled us to identify possible trends.</p>	<p>Regular reports are going to the Appointment and Remuneration Committee and Trust Board. We are starting to undertake analysis on key trends.</p>	<p>Head of Resourcing</p>	
				<p>Service User involvement in the JSC policy sub-committee. This brings about a greater awareness</p>			

			<p>and allows us to have a service user perspective.</p> <p>It is intended that all secondments are put through the candidate management system, TRAC, going forward. The Recruitment & Selection Policy has been updated to reflect this.</p> <p>Implement and recruit to a standalone investigator Band 7/8a and a Band 5 pastoral role to better support staff going through disciplinary processes.</p> <p>A survey to staff who have been suspended and/or on restricted duties/ redeployed as an alternative to suspension to understand the effects and to learn from this.</p> <p>A review of the Disciplinary Policy to ensure a more compassionate emphasis.</p>	<p>The Investigator commenced in June 2020. There has been positive feedback.</p> <p>The review is due for completion at the end of May 2021.</p>	<p>People Relations Manager</p> <p>People Relations Manager</p> <p>Business Partners</p> <p>People Relations Manager</p> <p>People Relations Manager/Business Partners</p> <p>Director of People & Culture and Communications</p>	
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				<p>Provide support to staff who have been through the Disciplinary processes to help them to overcome the experience.</p> <p>Include some narrative about WRES in People & Culture Training.</p> <p>Develop communications more broadly regarding WRES.</p> <p>Support for staff with external factors that may be hindering their performance. Create safe spaces so that staff can disclose issues that they are facing so that</p>			
4	Relative likelihood of staff accessing non-mandatory training and CPD	2019 0.87	2020 0.78	<p>The L&D team has been significantly invested in. We have collated more data (manually) which include development activity delivered by OD colleagues.</p> <p>Admin development day. This has been delayed to Covid 19.</p>	<p>The L&D team was renamed People Development and has a full establishment</p> <p>Spring 2021</p> <p>Winter 2020</p>	<p>Associate Director of People Development.</p> <p>People Development Business Partner</p>	

				<p>Create a prospectus that is easily accessible to admin staff to promote the many existing admin development programmes from functional skills, apprentice programmes. Programmes.</p> <p>Create BAME and mainstream development programmes to enable staff the choice to select programmes that will better able them to thrive.</p> <p>A proposal to purchase new Learning Management System (LMS) was approved in early 2020 for purchase and implementation by the end of Dec 2020.</p>	<p>This has been completed as all courses are publicised through the use of SWAY.</p> <p>Winter 2021</p> <p>The LMS project is underway but was delayed due to COVID19. Implementation in planned for winter 2021.</p>	<p>People Development Business Partner</p> <p>Associate Director of People Development.</p>	
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Staff Survey Findings Indicators 5-8 lifted from the staff survey:

National Staff Survey Questions	2018 White (%)	2018 BME (%)	2019 White (%)	2019 BME (%)	2020 White (%)	2020 BME (%)
KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	31.70%	35.60%	32.9%	37.7%	31%	37%
KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	23.00%	24.50%	23.60%	27.90%	16%	20%
KF21. Percentage believing that trust provides equal opportunities for career progression or promotion	84.70%	71.80%	85.00%	71.80%	87%	72%
Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	8.40%	14.40%	7.70%	15.60%	8%	16%
KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	31.70%	35.60%	32.9%	37.7%	31%	37%

Appendix 1 - Model Employer Goals

Table 3. Goal setting trajectory for bands 8a-VSM BME recruitment for East London NHS Foundation Trust

	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028
Band 8a	120	129	138	148	157	166	175	184	194	203	212
Band 8b	22	26	30	34	39	43	47	51	55	59	63
Band 8c	15	17	19	21	24	26	28	30	32	34	36
Band 8d	2	3	4	6	7	8	9	11	12	13	14
Band 9	3	3	4	4	5	5	5	6	6	6	7
VSM	4	4	4	4	4	4	4	5	5	5	5

ELFT Progress against the 10-Year Trajectory

	2019 actual	2019 Ambition	Gap	2020 actual	2020 ambition	Gap	2021 actual	2021 ambition	Gap
Band 8a	135	129	6	166	138	28	196	148	48
Band 8b	34	26	8	23	30	-7	44	34	10
Band 8c	16	17	-1	14	19	-5	15	21	-6
Band 8d	3	3	0	6	4	2	5	6	1
Band 9	3	3	0	2	4	-2	4	4	0
VSM	6	4	2	6	4	2	6	4	2

**WORKFORCE DISABILITY EQUALITY STANDARDS (WDES)
DRAFT ACTION PLAN 2021/2022**

Indicator	Next Steps
<p>Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce</p>	<p>There is an underrepresentation of staff declaring a disability. The Trust will carry out a data cleansing exercise to try and capture this data. Create Trust wide communications jointly with Staff side, ELFT Ability and People & Culture to encourage staff to declare their disability.</p> <p>Communications articles where Trust board members share their disability.</p> <p>Chief People officer to engage with ELFT Ability Leads to input into the action plan.</p> <p>Many of the bands have remained static with some marginal movements. Most notably there has been a 20% increase for staff in the Band 9 category for clinical staff.</p> <p>The new ELFT Ability lead is a Director in the Trust.</p>
<p>Indicator 2. Relative likelihood of Disabled staff being appointed from shortlisting across all posts.</p>	<p>We are currently a disability confident employer. Review the Recruitment Policy and Training to have a greater emphasis on disability awareness.</p> <p>Run disability awareness sessions.</p> <p>Be more explicit in recruitment adverts that the Trust are positive about disability.</p> <p>The relative likelihood of disabled staff being appointed from shortlisting compared to non-disabled staff is 1.09. There are a number of QI projects underway regarding recruitment. And we're exploring a project regarding neuro diversity.</p> <p>Apply for level 3 - Disability confident employer status by Q2 2022.</p>
<p>Indicator 3. Relative likelihood of staff entering the formal capability process, as measured by entry into a formal capability procedure. Note: This indicator will be based on data from a two year</p>	<p>People and Culture, Operations group working closely with ELFT Ability Network. The number of people without a disability is significantly higher than those that have a disability.</p> <p>Guidance has been drafted in terms of reasonable adjustments.</p>

<p>rolling average of the current year and the previous year.</p>	<p>The sickness policy is in review. The post for pastoral care is proving a success and we have received positive feedback from staff going through formal processes.</p>
<p>Indicator 4. Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:</p> <ul style="list-style-type: none"> i. Patients/service user, their relatives or members of the public ii. Managers iii. Other colleagues 	<p>The respect and Dignity at work project is ongoing and is in phase 4 of the project.</p> <p>The relative likelihood of disabled staff entering the formal capability process is 3.38 compared to non-disabled staff. There is lots of work happening in the leadership space. There are also online support forums for staff with disabilities.</p> <ul style="list-style-type: none"> • Shielding sessions. • Shielding socials; • Purple Space webinars arranged by ELFT Ability; • There's a new project manager role; • Guidance around reasonable adjustments; • Wellbeing conversations; • Staff risk assessments; • Virtual sessions for staff joining during Covid – with virtual drop-in sessions for L&D, Recruitment and IT to unblock issues. • Lots of network activities run by the Women's Network. • There have also been women's health webinars and webinars focusing on the Menopause.
<p>Indicator 5. Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.</p>	<p>Promoting training opportunities to all staff and encourage staff with a disability to apply and to declare their disability.</p> <p>Increase service user participation in HR processes (Physical and mental health). The networks have worked closely together to deliver training and development events that are cross cutting in recognition intersectionality, in that that many people belong to a number of different protected characteristics. More details can be found in the annual report: https://www.elft.nhs.uk/About-Us/Publications/Annual-Reports</p>

	<p>ELFT ABILITY NETWORK</p> <ul style="list-style-type: none"> • Attended Network Leads & Chief Nurse meeting • Attended NHS Disabled staff networks meeting • Seminar session on Dyspraxia – hosted by Laura Pisaneschi • CQC Focus group for network members • Attended Train the trainer Respectful Resolution pathway • Presenting at the Disability Summit: Voice, Power, Advocacy, Change • Connecting with other networks at the Disability Summit • ELFT Ability monthly newsletter sent out Trust wide • Meeting with People and Culture to discuss access to work and adjustment trainings • Planning for ELFT Ability conference and future events • Renewal of Business Disability Forum • Submitted training information for a FOI EDI request • Meeting with Disability project lead to support staff with adjustments and requirements <p>Women's Network</p> <ul style="list-style-type: none"> • Attended Network Leads & Chief Nurse meeting • An event is being organised for Baby loss awareness week, in conjunction with various other trusts. There will be speakers from ELFT involved in the session. • The menopause and menstruation pilot is ongoing, looking at areas to implement, HR processes that can be changed, and where the support is most needed. • Current Network Lead, Sarah Canning, is leaving in October and the network is looking for a replacement. <p>LGBT Network</p> <ul style="list-style-type: none"> • Attended Network Leads & Chief Nurse meeting • Trust wide Pride event Saturday 11th September, as London pride was cancelled • Allies training
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	<ul style="list-style-type: none"> • Finalisation of Trans awareness training with People Participation group from Luton & Bedfordshire • Gathering and submission of evidence for Stonewall's Workplace Equality Index <p>BAME Network</p> <ul style="list-style-type: none"> • Attended Network Leads & Chief Nurse meeting • 2nd September PCREF (Patient & Carers Race Equality Framework) session presented by Mina and Jennifer • 9th and 17th September; planning meetings for the upcoming Filipino Heritage Webinar • 13th September; a further meeting for Black History Month event planning
Indicator 6. Percentage of disabled staff compared to non-disabled staff saying that they felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	<p>Promoting training opportunities to all staff and encourage staff with a disability to apply and to declare their disability.</p> <p>Increase service user participation in HR processes (Physical and mental health).</p> <p>As above.</p>
Indicator 7. Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	<p>Expend on the Respect and Dignity at Work project, with a disability angle. This was delayed due to Covid 19.</p>
Indicator 8. Percentage of disabled staff compared to non-disabled staff that their employer has made adequate adjustments to enable them to carry out their work.	<p>Launch and promote the Reasonable Adjustments guidance. Promote partnership working with ELFT Ability as detailed above.</p>
Indicator 9a. The staff engagement score for Disabled staff compared to non-disabled staff and overall engagement score for the organisation.	<p>If people discussed their disability, then the Trust would have a better understanding and would be able to offer more support to disabled staff.</p>
Indicator 9b has your Trust taken action to facilitate the voices of disabled staff in your organisation?	<p>Help to promote the equality networks. This is ongoing.</p> <p>Complete the Equality Delivery System 2 assessment. Focus groups have been undertaken in order to populate the Trust response. Submission November 2021.</p>

Indicator 10. Trust board. Percentage difference between the organisations' Board voting membership and its overall workforce. Note: Only voting members of the Board should be included when considering this indicator	Ask all board members to declare their disabilities and undertake a communications campaign around this topic. Then to do a promotional piece to promote their disabilities. This has been completed.
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