Title	Progress Report People Plan
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Accountable Executive Director	Tanya Carter, Director of People & Culture

Purpose of the Report:

To update the Trust Board on the activities as outlined in the People Plan. This paper also provides assurance in terms of the response to COVID 19 as well as an update in terms of activities in relation to Covid 19, Race and Privilege.

Summary of Key Issues:

This paper sets out to give an update in terms of the Covid 19 response in terms of staff swab and antibody testing, parking, accommodation and childcare.   In addition, there is an update on the Remote Working group that has been set up to support staff to work from home.

We are progressing the risk assessment for staff which is now focusing on all staff to facilitate conversation to minimise the potential risk exposure to the virus. A series of webinars have been run as well as a filmed webinar and role play video.

The report details the support effort from Corporate teams during this pandemic and infographic has been produced to raise awareness. We have continued to run the staff 'check in' app – in order to gauge the 'temperature' of the Trust and to understand the challenges that our staff are facing.

The review of Employee Relations demonstrates that there has been a sustained improvement in terms of the number of disciplinary cases that has resulted in 'no case to answer'. Similarly, the number of suspensions has halved. We continue to see an improvement in the likelihood of the number of BAME staff to go through the disciplinary process compared to White staff. We have seen the gap in the disproportionate number of BAME staff facing disciplinary action narrow significantly.

The report also details updates in Medical Education activity. In terms of organisational changes, there are currently 9 organisational changes affecting 104 staff. There are 34 staff at risk and 3 possible redundancies expected. A new Organisational Development (OD) offer has been created and launched focusing on Change, Remote Working, Leadership and Connection.

Building on the Respect and Dignity @Work project, we have run a series of virtual events called Covid 19, Race and Privilege these have been well attended by staff and has informed the plan for the next steps. In addition, we 're commencing sessions with the senior leaders within the Trust focusing called 'Understanding White Privilege'.

Whilst concerns have been raised via the Freedom to Speak Up Guardian, no new Whistleblowing complaints have been made in respect of the definition of the Whistleblowing Policy.

Strategic priorities this paper supports (Please check box including brief statement)

Improved patient experience	☒	There is a strong evidence base that engaged staff provide better patient care and outcomes.
Improved health of the communities we serve	☒	We are taking a population health approach to staff wellbeing.
Improved staff experience	☒	The approach to improvement sets out in this paper are designed to directly improve staff experience
Improved value for money	☒	There is a strong evidence base that engaged staff and more health and productive at work, and therefore contribute to value for money

Committees/Meetings where this item has been considered:

Date	Committee/Meeting
Various	Some aspects discussed at the June Appointments and Remuneration Committee

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.   Background

1.1   Delivery of the Trust people plan (formally the Workforce plan) continues to progress well.

1.2   This paper sets out to provide assurance as well as a progress report on the delivery against the People Plan. The Trust's 4 key priorities are:

- Improved Population Health Outcomes
- Improved experience of Care
- Improved Staff Experience
- Improved Value

2.   COVID 19

3.   Staff Testing

3.1   We continue to undertake staff swab testing and antibody testing and to date we have undertaken swab testing and over 2500 antibody tests.

4.   Accommodation

4.1   We continue to support staff with accommodation. To date we have received 265 bookings.   The breakdown by directorates is as follows:

Directorate	Number of Bookings
Forensics	77
Newham	67
Community Health	41
L&B	30
Tower Hamlets	23
Tower Hamlets Community Services	18
Community Health Newham	6
Corporate	3
Specialist Services	0

Grand Total	**265**

5.   Car Parking permits

5.1   Through the North East London Sustainable Transformation Partnership (STP) parking was extended for key workers to access all local authority car parks on-street parking. We have been issuing permits to staff. We have been advised that it will come to an end at the end of July 2020.   In order to make the support for staff as a result of Covid in terms of testing and accommodation more sustainable – we are establishing an interim Covid support team to continue to manage accommodation and testing going forward.

6. **Remote Working Group**

6.1 We have established a Remote Working Group which is made up of multi-disciplined colleagues across all corporate services. This group focuses on supporting staff to work at home effectively. We have published a Remote Working Guidance, which includes advice in terms of how managers can support teams, maintain productivity and outputs. The guidance also includes information about setting up a workstation effectively. We have also published a list of pre-approved items that staff an order in order to make working from home as effective as possible.

7. **Risk Assessment for staff**

7.1 A series of webinars have been launched attended by over 300 people. We have worked with Occupational Health to create comprehensive guidance and we have launched frequently Asked Questions (FAQs). We have recorded the Risk Assessment Webinar as well as a role play to support managers. All NHS Trusts have a target to risk assess all vulnerable staff by the end of July 2020.

7.2 The guidance from NHS England and NHS Improvement has varied. The Trust approach form the beginning was to focus on risk assessments on all vulnerable staff, which include BAME staff) as opposed to just BAME staff as did most other trusts. This has then evolved to all staff because of the lack of clarity and guidance from HS England and Improvement.

7.3 All Trusts are also required to publish returns in terms of the completion rates and the target is to complete all risk assessments by the end of July 2020. There is an issue in terms of the number of BAME staff that are declining to undertake a risk assessment and we're trying to ascertain the reasons for this.

8. **Childcare**

8.1 We ran a poll to ascertain how many staff would need support in finding childcare. We are in the process of commissioning a company called Yoopies to connect staff to childcare provision that is near to them and that is Ofsted registered.

9. **Share your skills- Marketplace**

9.1 We ran an initiative in response during COVID19 for ELFT staff / teams / dept. from colleagues who are shielding, working from home, well enough and have capacity to undertake adhoc/ project-based support to those in need. The idea is to create a support circle and a 'skills-marketplace' where all teams can ask and provide support where possible.

9.2 This was cascade via the Communications department, Bank text messaging service, Discussed in Head of Administration meeting by Cathy Lilley, for Nursing Staff - Andy Cruickshank, Integrated Care - Richard Fradgley.

Total number of staff added on the register	17 across the Trust
Deployed number of staff	Total: 08 Admin & clerical: 3 Nursing: 5
Main reason for coming forward:	• Roles being subdued due to COVID19 related reason(s) • Willing to help clinical teams during COVID19 time • Vulnerable staff shielding due to COVID19
Main reason for declining/ to get involved:	• Would like to get paid extra on Bank for extra work
Activity Level **(No. of queries / calls coming in)**	High – April – May (10 - 30 queries per week) Medium – Mid May – June (10-15 per week) Low – 15th June onwards (5 per week) – No demand since 15th June

10.   Staff Support during Covid 19

10.1   An infographic has been created to highlight the support from Corporate teams during the Covid 19 pandemic.

Supporting Our Staff Through Covid-19

1 Individual Emotional Support

CEO Calls
320 calls to staff to reach out and say thank you

Staff Support
229 people have reached out to our staff support lines (in-house and our employee assistance program)

Check-in
1067 staff have provided data for our check-in app, helping us understanding people's experience so that we can keep improving our support

2 Support For Teams

3 Support To Work Remotely

MS Teams
149 new teams have been set up on MS Teams in the last 6 weeks

4 Support To Work

Accommodation
4124 nights booked in hotels for staff who have been unable to get or go home

Testing
1484 staff and families have been tested for Covid-19 and 3612 staff have had the antibody testing.

5 Health and Wellbeing

Free Meals
1,450 meals per week have been eaten by staff

70 NHS offers (see ELFT intranet wellbeing pages)
55 Wellbeing links for support and mediation
3,200 Face coverings donated by NHS volunteers
25,500 Thank you treats (e.g. snack bars, coffee pads)

Personal Protection Equipment (PPE) Usage
23 March - 9 May 2020
346,149 Face masks
13,918 Eye and face protection
5,232 Gowns
2,469,500 Gloves (pairs)
7,228 Aprons (rolls)
26,718 Alcohol gel and wipes

11. Staff Check in App

11.1 We have continued to run the Covid 19, 'Check in' app and the updated results are as follows:

- **19** people completed the most recent check in (↓9 people from previous check in)
- **Working Well**: 1) Support/Connection, 2) Productivity, 3) Technology
- **Not Working Well:** 1) Demand, 2) Support/Connection, 3) Negative State
- **Learning about self/team/role**: 1) Connection, 2) Personal Capacity, 3) Team
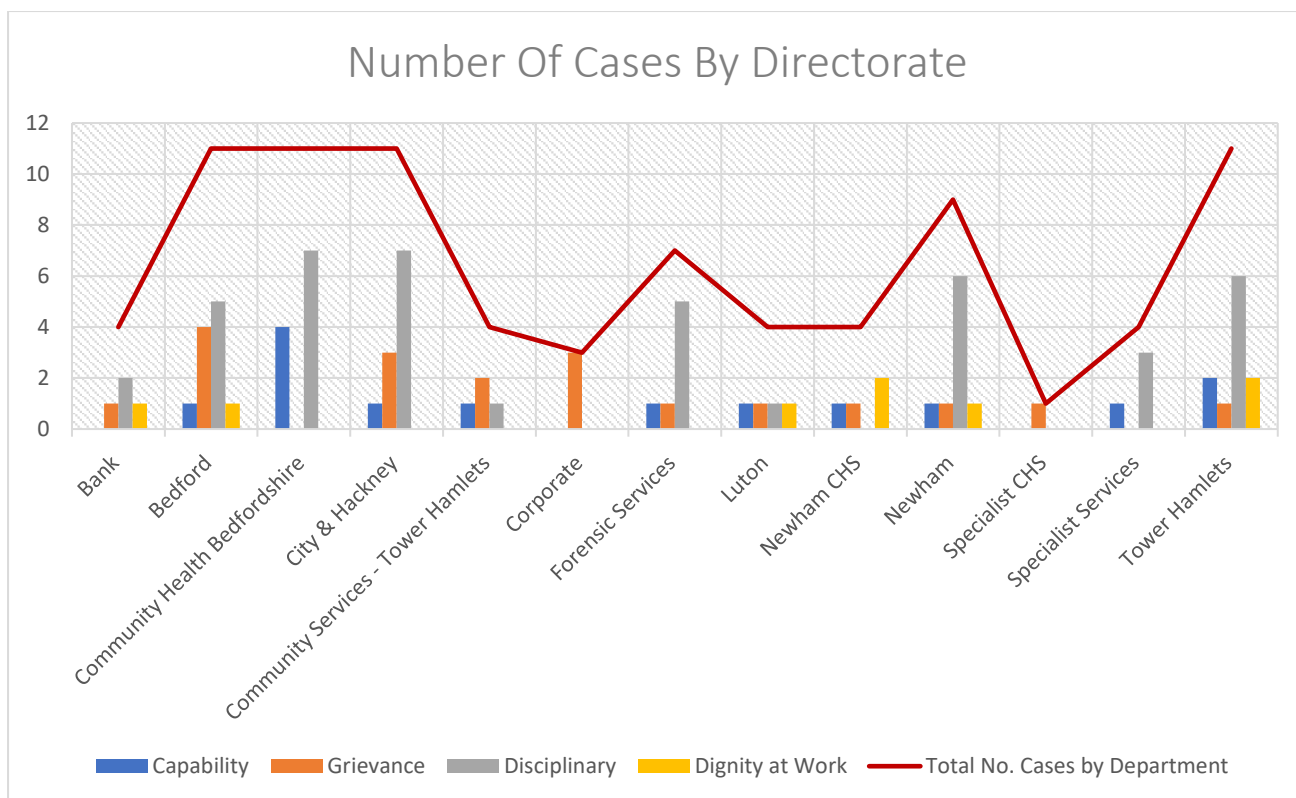
Check in breakdown by directorate and staff group.

12. Reporting

12.1 A Covid 19 dashboard has been created and details patient and staff information in relation to Covid 19 and can be found in appendix 1.

13. Employee Relations

13.1 We have disucssed and agreed with Staffside to take a progamtaic approach in terms of employee relations cases. We are still receiving Grievances and Dignity and Work complaints. We are reviewing all cases to see where possible to resolve informally. Where practable we are using technology to undertake invetsigation interviews and hearings. We have R.A.G rated all cases and are working through as far as is practicable.

13.2 The number of Dignity at work complaints and Disciplinary cases have increased. The number of Grievances has decreased.
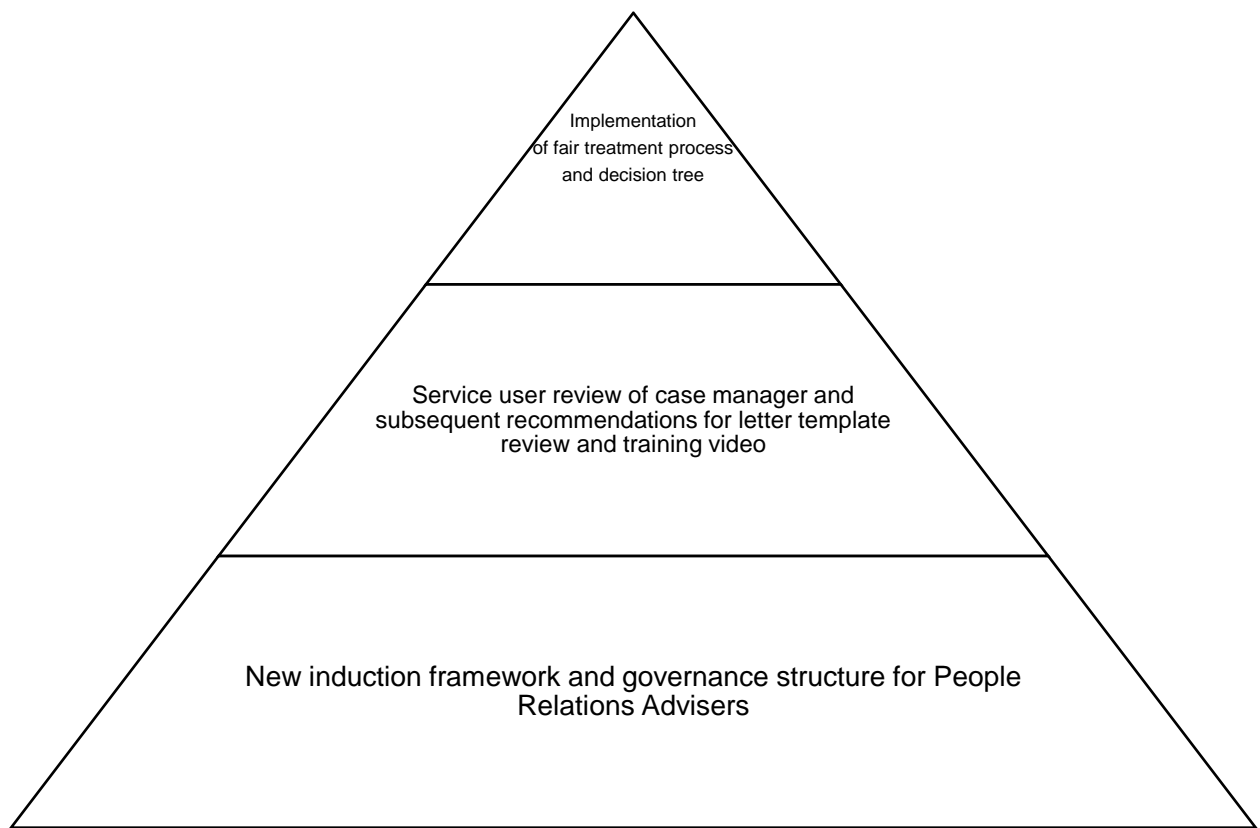
Number Of Cases By Directorate

Legend: Capability | Grievance | Disciplinary | Dignity at Work | Total No. Cases by Department

14. Review of Employee Relations

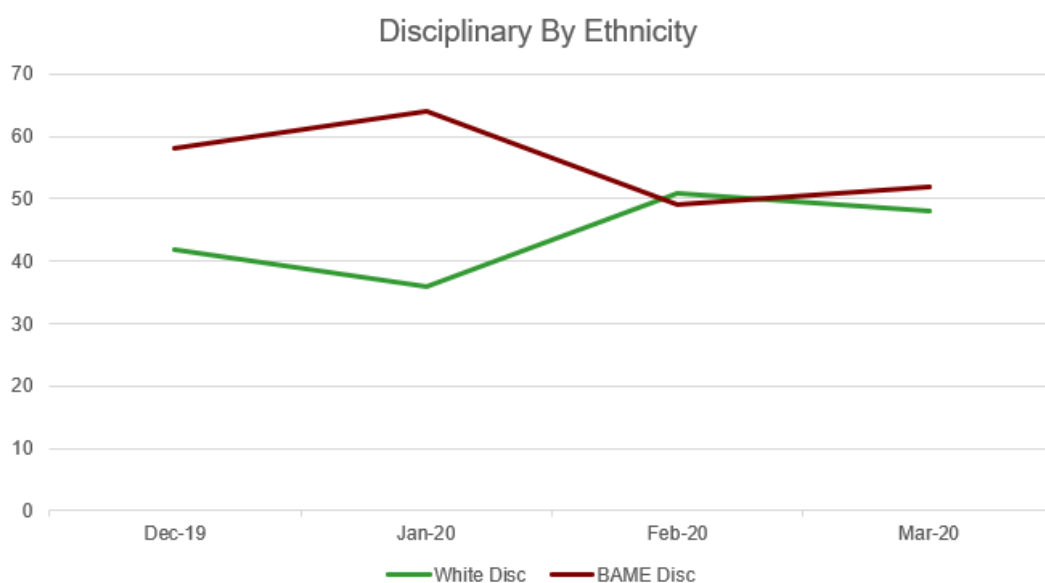| Area under review	2018/2019	2019/2020	2020/2021
Disciplinary Processes ending in no case to answer	14	11	TBC
Employees suspended that did not go on to be dismissed	13	4	TBC
Total suspensions	16	8	TBC
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	2.78	2.44	TBC

15.   2019 Service Improvements

Implementation
of fair treatment process
and decision tree

Service user review of case manager and
subsequent recommendations for letter template
review and training video

New induction framework and governance structure for People
Relations Advisers

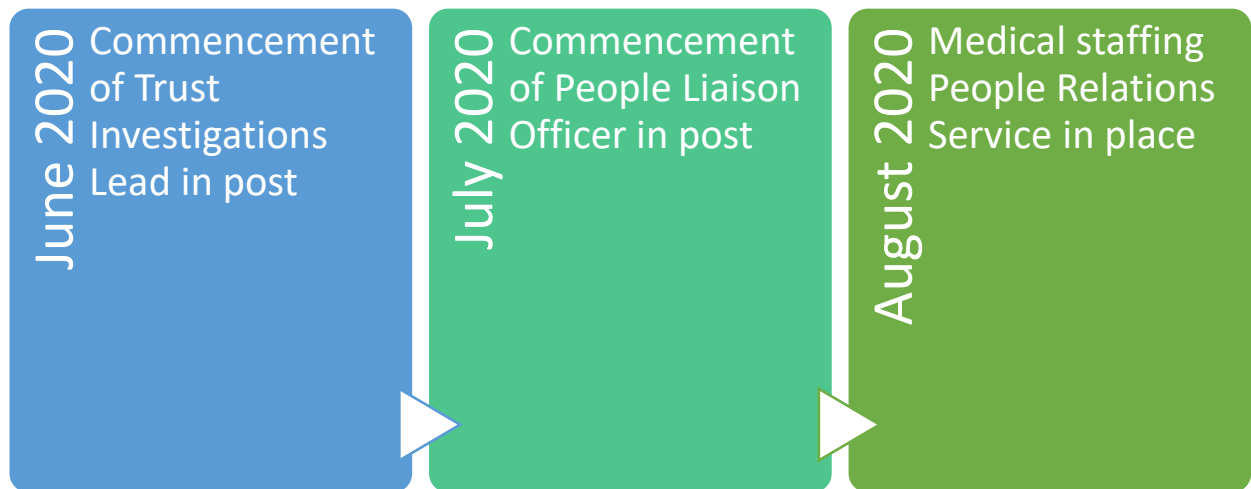## 16.   The impact of the changes in Employee Relations

16.1   In December 2019 there was a significant gap in terms of the number of White staff in
disciplinary processes compared to BAME staff. We have managed to narrow this gap
and reduce the disproportionality between White and BAME staff.

Disciplinary By Ethnicity

White Disc — BAME Disc

Next steps

| June 2020 | Commencement of Trust Investigations Lead in post | July 2020 | Commencement of People Liaison Officer in post | August 2020 | Medical staffing People Relations Service in place |

17.   **Medical Education Activity Update**

- **New City and Hackney Postgraduate Locality Lead**: The former College Tutor role has been rebranded to a Postgraduate Locality Lead and we are pleased to welcome Dr Olivia Protti to the medical education faculty for City and Hackney.
- **SAS Doctors**: Balint Groups for SASG Drs are being set up in each locality. A provisional SAS Dr Away day will take place on Friday 30th October where all SAS Drs are encouraged to attend. A save the date invite will be circulated soon.
- August 2020 induction: Work is underway for Inductions to take place online and with virtual tours. This will be followed by RiO/JAC training and 1:1 FIT testing for all new trainees (regardless of whether they have been FIT tested in another Trust). We are expecting a total of
- Local Academic Programmes: these are now back to the usual programme Click HERE (might not work on EI) to see our tweet for the Luton and Bedfordshire programme.
- Medical Education Website: now up and running (still work in progress) but we are really pleased with how it has turned out and will be sharing this with our doctors who can gain access to resources, webinars, e-learning which they can self-certificate for https://www.elft.nhs.uk/medical-education
- People Participation: We are revising all programmes/events to ensure the PP team are included to support with content when delivering and providing on the day feedback. We are also exploring running a series of recorded sessions with the PP team on certain topics which can be uploaded to our website for all Drs to refer to.

18.   **Medical Staffing**

18.1   The April Trainee Rotation was postponed, apart from the Foundation Year (FY) 2 rotation for Bedfordshire and Luton went ahead as planned. The next August rotation is going ahead as planned. All Foundation posts will be filled for London, Bedfordshire and Luton.

19.   Organisational Changes

19.1   There are 104 staff affected by organisational changes include transfers under TUPE, relocation, restructuring and closures of wards and services. However, there are 34 staff at risk of redundancy and only 3 anticipated redundancies.

Directorate	Organisational Change – Title/Service	Type of change i.e. TUPE in or out	Number of staff affected	No of staff at risk	Actual Redundancies if known	Summary of the change i.e. reason
Tower Hamlets Thames House Ward	Organisational Change	**Ward closure**	20	19	None	Formal ward closure put on hold due to COVID-19. Staff are currently being redeployed to wards that need additional support due to the pandemic. Formal redeployment and slotting in will take place once services begin to settle back to normal
Blood Borne Virus Service (London)	Organisational Change	Closure of Service	2	2	**2**	Removal of funding following TUPE transfer of Tower Hamlets Addiction service
SCYPS Administration Team	Organisational Change	Restructure of admin team	16	12	**None**	Restructure of admin team
Bedfordshire and Luton Mental Health	Organisational Change	Restructure, role and payment changes	27	**None**	None	Clarity on role responsibilities Re-banding of Band 6's to 7 Changes to honorarium payment
Bedfordshire and Luton MH - Liaison and Diversion Service	Organisational Change	Service redesign	10	**None**	None	Change of hours to 8-8 at all times, Reduction of B6 from 10 to 8 posts Increase of B7 from 1 to 2 posts Paper being considered by JSC 4 March 2020

Chair: Mark Lam   Chief Executive: Dr Navina Evans

Bedfordshire & Luton MH - CMHT	**Organisational Change**	Relocation	TBC	TBC	None	Relocate Bedford Older Peoples Community Mental Health Team and Memory Assessment Team from Florence Ball House, to the proposed Whitbread Building, Twinwoods Health Resource Centre. This includes staff across all bands + Deputy Team Manager
BCH – Admin & Snr Mgt Teams	**Organisational Change**	Relocation	21	None	None	Relocate from Woburn Court to Queensborough or John Bunyan House as part of the Estate Management strategy urgently vacate WC
BCH – Discharge to Assess Pathway	**Organisational Change**	TUPE-in	2	N/A	None	Discharge to Assess service from Beds Clinical Commissioning Group to ELFT to improve discharge from Bedford, Luton and Dunstable Hospital to community commissioned beds.
BCH – Speech and Language Therapy	**Organisational Change**	TUPE-in	**6**	1	**1**	Transformational change/restructuring of the Speech and Language Therapy (SaLT) team
Totals			104	34	**3**	

20.   Covid 19, Race and Privilege

20.1   In response to the Civil unrest in the United States, the Trust have had a series of online events called Covid 19, Race and Privilege. The events were opened by the Chief Executive and Deputy Chief Executive to explain the context of this work and how it builds on the Trust's earlier work around respect and dignity.

20.2   We then broke the large group into smaller break put groups of around 30 people. Colleagues from Black, Asian and minority communities were asked to volunteer and share their story under the title 'Living and working while BAME'.

20.3   The group then opened up for questions and answers, reflections and general discussion. The groups were very mixed and had a good representation of White and BAME colleagues. Following the smaller group discussions, the larger group came back together and then the Executive Director for each group summarised the story and the discussion that had taken place in the smaller group and then more discussion took place in the larger group. The sessions were between 1.5-2 hours and took place at different times of the day, including evenings and weekends to maximise attendance.

21.   Understanding White Privilege

21.1   There is a detailed plan for interventions and activities going forward – all being underpinned by a Communications plan.   The next pivotal piece of work is with White leaders within the Trust. This work starts on 15 July 2020 at the Chief Executive Discussion Group, for the Trust's most senior leaders and will be continued monthly for the following three months.

21.2   We are working with an external charity called BRAP who specialise in Equality and Diversity will design and deliver these sessions virtually. We are also planning to run a cohort of around 24 White leaders within the organisation who want to become champions for this agenda.

21.3   There has been 7 extraordinary BAME network meetings. They key themes were around Personal Protective Equipment (PPE), vitamin D testing and supplements and feeling forced to work on Covid positive wards.

22.   Organisational Development Offer

22.1   In light of Covid 19, we have created and rolled a new Organisational Development offer for leaders which focuses on :

23.   Freedom to Speak Up update: April to June 2020

23.1   There were 25 FTSU cases recorded from 1st April 2020 to 30th June 2020. This is an increase of 13 from the previous quarter. 9 were related to COVID-19.

23.2   3 of these cases are Patient Safety / Quality related issues, 6 are related to Bullying / Harassment and 9 cases are related to Processes/ Organisational Structure within services. Concerns were shared locally with Line Managers or the Service Directors, and virtual meetings where relevant.

23.3   Community Health Services have seen a rise in cases this quarter, of which 4 were COVID-19 related.

23.4   The table below shows the broad themes of concerns raised to Freedom to speak as categorised by the National Guardian's Office (NGO).

(Please note that a concern raised may overlap more than one theme).

Month	Number of cases raised to Freedom to speak up	Themes of concerns			
		Element Patient safety/ Quality	Element of bullying and harassment/ behaviour	Processes/ Organisational Structure/others	COVID19 Related
April	10	1	4	2	3
May	8	2	2	3	3
June	7	0	0	4	3
Total	25	3	6	9	9
Anonymous concern	0				
Suffered Detriment	0				

23.5   The Communications team have supported FTSU by sharing information in their 'What's New' weekly email, such as an introduction to the new FTSUG, the FTSU Newsletter, the new FTSU poster and a presentation explaining what the FTSU role is about, the importance of Speaking Up and who to contact.

23.6   Virtual introductory meetings have continued to take place with the FTSUG and Directorate Leads. Virtual meetings are now starting to take place with leadership teams and team leads.

23.7   Data is shared weekly with the Chief Nurse and the Director of People and Culture where FTSU concerns are related to COVID19.
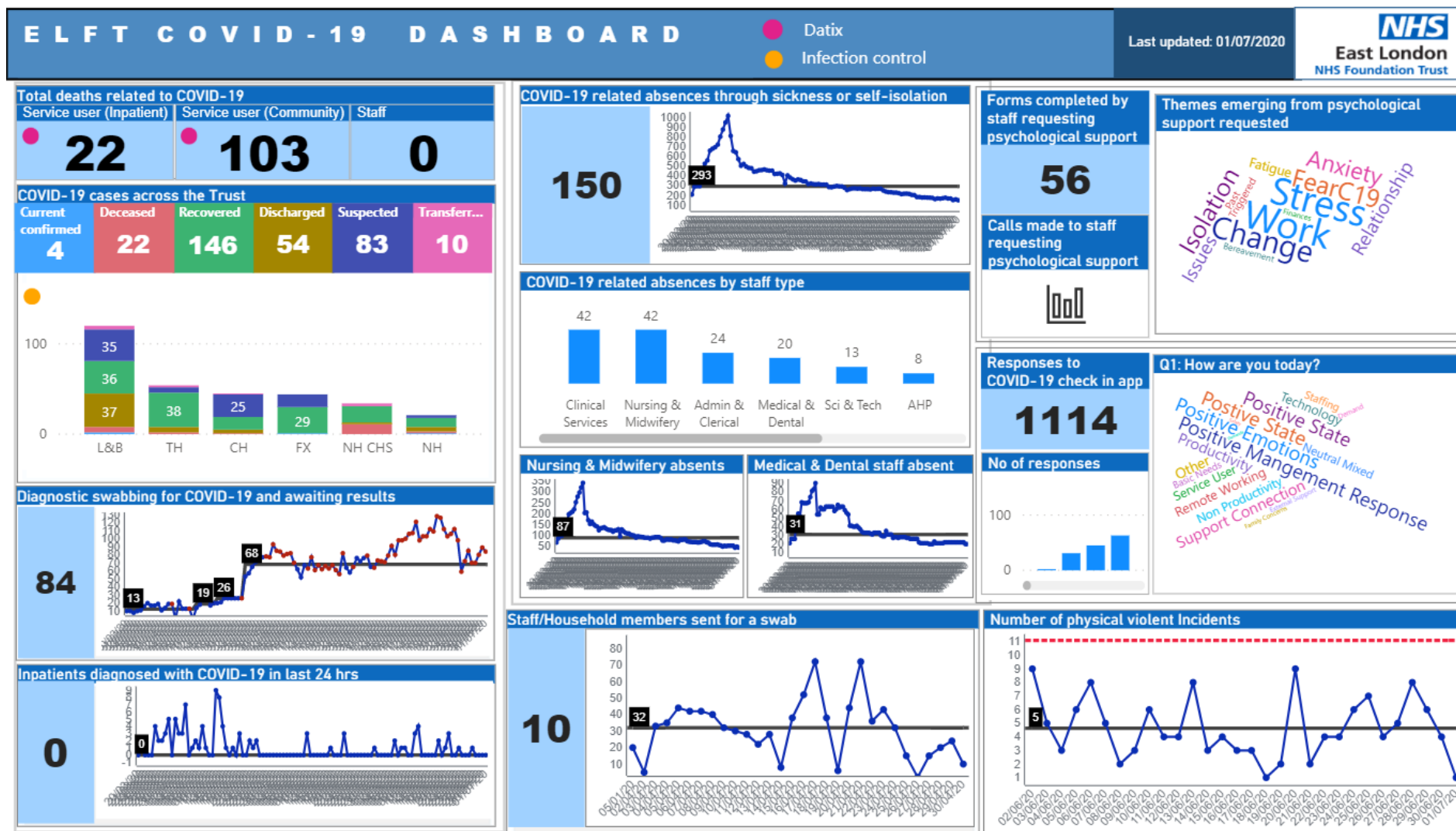
24. Whistleblowing

24.1 There have been no Whistleblowing complaints since the last report (as per the Whistleblowing Policy definitions). However, a previous concern which was raised internally, was raised again externally to NHS England – albeit it didn't meet the criteria for Whistleblowing.

24.2 This was in relation to concerns about sub-contractor staff potentially coming to work on wards when they were not fit to do so – because of the fear of not receiving occupational sick pay. This matter has been raised with NHS Employers and the national HR network.

24.3 A further concern was raised as Whistleblowing, albeit it was considered as a concern in relation to a 'Black Lives matter' discussion within a team meeting. This was resolved as a Freedom to Speak up concern.

25. Action being requested
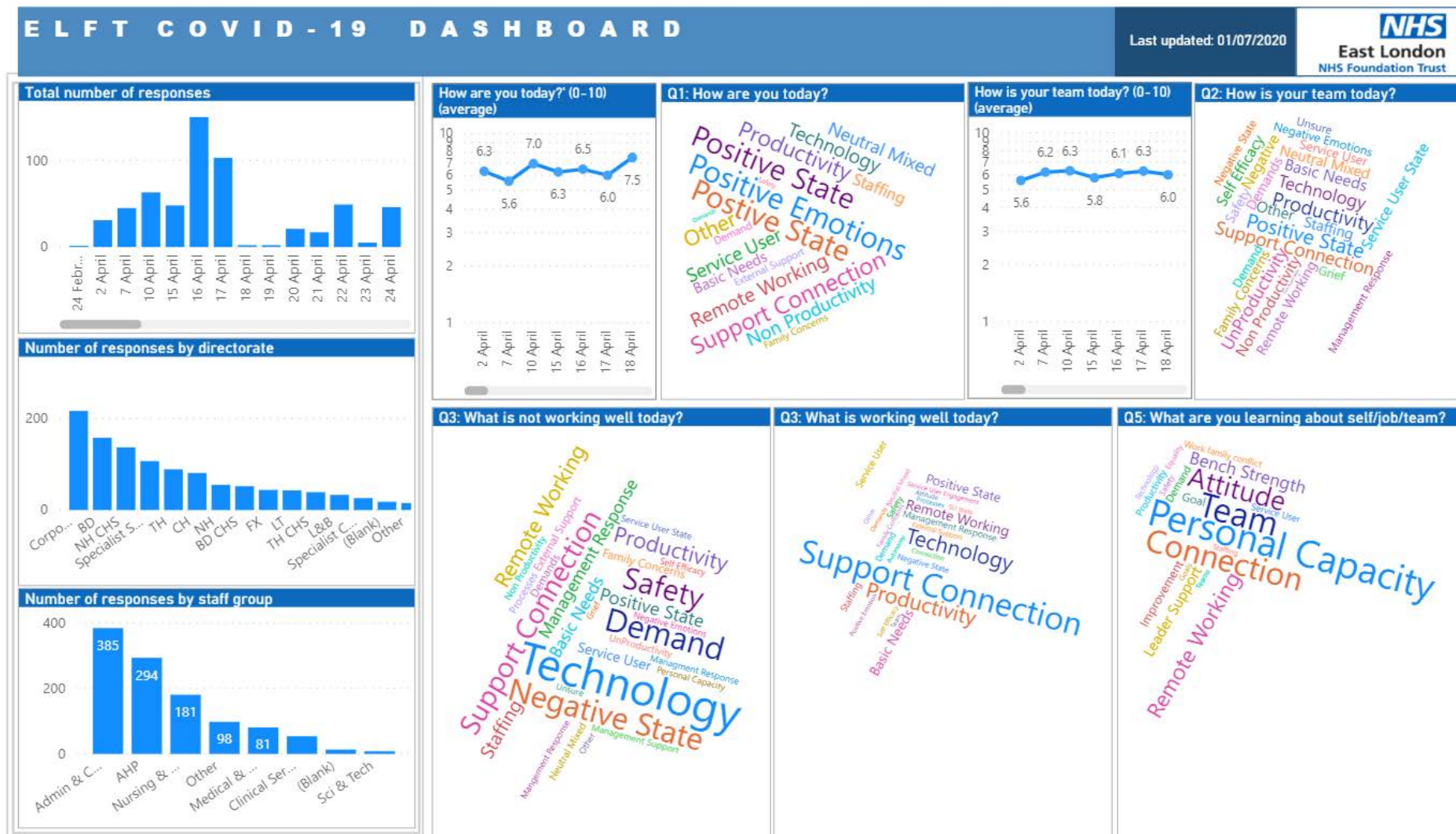
25.1 The Committee is asked to **RECEIVE** and **DISCUSS** the report.

Appendix 1 Covid dashboard as at 1 July 2020

Chair: Mark Lam

Chief Executive: Dr Navina Evans

Appendix 2 – Covid Check in App As at 1 July 2020

Covid dashboard – Staff Sickness As at 1 July 2020

ELFT COVID-19 DASHBOARD

Last updated: 01/07/2020

NHS East London NHS Foundation Trust

Nursing & Midwifery absents — 87

Estates and Ancillary staff absents — 21

Medical & Dental staff absent — 31

Projected staff returning to work (weekly) — available soon

Admin and Clerical staff absents — 46

Additional clinical services staff absents — 92

Allied Health Professional absents — 13

Staff in temporary in accommodation

Total cost of accommodation

Average length of stay

Chair: Mark Lam

Chief Executive: Dr Navina Evans