NHS
Royal Papworth Hospital
NHS Foundation Trust

Agenda item 4.i

Report to:	Board of Directors	Date: 2 July 20
Report from:	Director of Workforce and Organisational Development	
Principal Objective/Strategy:	The purpose of this paper is to provide the Board with an update on key workforce issues that are not covered in the COVID Report and PIPR.	
Title:	**Report of the Director of Workforce and Organisational Development**	
Board Assurance Framework Entries:	**Recruitment Retention Staff Engagement**	
Regulatory Requirement:	**Well-Led**	
Equality Considerations:	**n/a**	
Key Risks:	• **Turnover increases as a result of poor staff engagement** • **We are unable to recruitment sufficient staff to meet safe staffing levels** • **Staff engagement is negatively impacted by poor people practices**	
For:	**Information and feedback.**	

1. **Purpose**
   The purpose of this paper is to provide the Board with an update on key workforce issues that are not covered in the COVID 19 Report and PIPR. The areas this paper focuses on are:

   • Risk Assessment Process
   • Staff Support
   • BAME Network Update

2. **Updates**

   Covid 19 Risk Assessment Process

   On the 18th March, in response to national guidance, we sent out the first iteration of our Covid-19 staff health risk assessment questionnaire and all staff were asked to complete it. This first risk assessment was intended to identify staff with underlying health conditions who would be at an increased or severe risk should they contract the Covid-19 virus. Those staff that identified themselves in the increased risk category or severe risk categories were advised to have a discussion with their manager and either a) continue to work whilst observing

infection control and social distancing measures as far as possible, b) shield at home or c) explore temporary redeployment options.   Staff were also asked to identify if anyone in their household fell into a high or severe risk category. The majority of staff were risk assessed against this first version over two days (18/19th March) and as a result 149 staff left the workplace to shield at home either because they themselves or a member of their household fell into the increased or severe risk category. At that point 70 of these staff members were able to continue to work from home. 79 were not able to do so.

A process was set up to connect with those staff shielding at home who were not able to work to determine their skill set and to explore whether it would be possible to temporarily redeploy them either into a role that they could undertake safely on site or from home. To date, 84 people have been redeployed through this programme.

During March and April there were 3 further revisions of the health risk assessment that reflected emerging knowledge of how Covid-19 impacts on individuals that enabled Occupational Health advisors to further stratify health conditions and enabled us to better understand what mitigation is required to protect our staff and as far as possible to enable them to continue to work safely. At the end of May there were, 222 staff were "shielding" at home, 140 of whom were working and 82 not working.

On 2nd June Public Health England published a report into the inequalities in the risk and outcomes of COVID 19 (**here**). This confirmed the disproportionately higher mortality rates from Covid 19 of those from the BAME population compared to those from the white population and the evidence further showed an increased adverse impact for men over 55 years of age.

As for all NHS employers, this represents a significant concern for RPH as the number of BAME staff we employ represents 23% of our current workforce many of whom are frontline workers.

On 16th June 2020 Public Health England published "Beyond the data: Understanding the impact of COVID-19 on BAME groups". This report can be accessed **here.**

In mid-May the Faculty of Occupational Medicine (FOM) published a Risk Reduction Framework for NHS Staff at risk of COVID-19 infection. The FOM recommendations reiterate the need to preserve and protect the health, safety and wellbeing of staff. Their risk reduction framework is illustrated in fig 1 below.

The Risk reduction framework – at a glance

The risk reduction framework considers current scientific literature to inform healthcare organisations on a practical way to consider and mitigate risk to their staff.
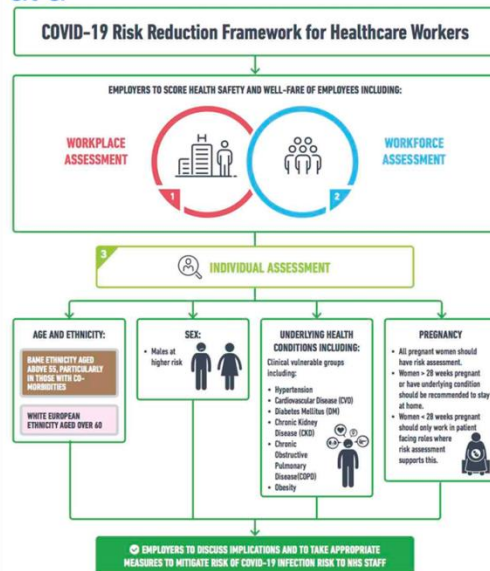
The framework helps organisations by encouraging a three step approach:

Assessment of Workplace

Assessing areas of potential exposure to SARS-CoV-2, application of control measures such as hygiene, safe systems of work, PPE training and testing.

Assessment of Workforce

Identify individuals with increased vulnerability; specific long-term conditions, older age and pregnancy. Evidence suggests ethnicity maybe also associated with increased vulnerability. Availability of appropriate job adjustment and redeployment options.

Assessment of Individual

Consider age, sex, those with a underlying health conditions. Those of BAME appear to be at increased risk, particularly aged above 55 or have comorbidities. Pregnancy and disabilities.

Based on this framework, following discussion with colleagues in Infection Control, Occupational Health and with our BAME network and Joint Staff Council we developed and implemented the following approach:

- *Workplace assessment* – workplace risk assessments have been taking place since the start of the Covid pandemic with measures being taken to make areas as safe as possible for staff and patients. During June there has been systematic risk assessments undertaken by the Trusts Health and Safety lead, with the assistance of Staff Side colleagues and line managers, of all areas of the Trust including Royal Papworth House and staff accommodation at Waterbeach. These risk assessments record the risk assessments and mitigating actions such that they can be used both for planning the safe deployment of our workforce following Risk Assessment v5 (outlined below) and for future workforce planning as we learn to live with Covid in the long term. A summary of them will be published as is required by Health and Safety legislation.

- *Workforce assessment* – our OH and infection control advisors have updated our workforce risk assessment version 5 (RA5) to reflect the most recent evidence and include age and BAME background, alongside all the existing conditions identified as increased and severe risk. Detailed work has been undertaken to ensure that the risk assessment can be stratified to identify those in red (severe risk), orange (increased risk) and green (low risk) categories. RA5 also identifies potential mitigating actions for discussion.

- *Individual assessment* - to enable the risk assessment to be done quickly with data being collected in a consistent format and in a way we can report on easily we are managing the risk assessment process centrally through the Workforce team. We have worked with a company to develop an electronic form and on 2nd June 2020 an email went out to all staff asking them to complete the revised risk assessment form, RA5. They are asked to respond to a series of questions based on RA5 and the assessment tool will use algorithms to assess the responses and provide a recommended

outcome. The risk assessment is sent to the workforce team who contact those staff who fall into the orange and red categories to discuss their assessment further and then, working with the manager and Occupational Health advisors where this is required they will consider the individual risk assessment alongside the workplace risk assessment, assessing what measures can be taken to mitigate the risks in order to formulate an individual risk management plan. The automated risk assessment tool has been equality impact assessed and is also compliant in respect of data protection, GDPR and privacy regulations.

The aim throughout this process is to, as far as possible, to provide a safe environment where staff feel confident to work. It may not always be possible to sufficiently mitigate the risks to an appropriate level, in which case staff will need to not attend the workplace, either working at home or if this is not possible on paid special leave, whilst we work through how their way of working can be adapted or they are redeployed into a suitable alternative role. The STP are developing a framework to support redeployment of staff across organisations where this will enable staff to work safely based on their risk profile.

On 24 June 2020 NHSI/E published a letter setting out a requirement for Trusts to make significant progress in deploying risk assessments within the next two weeks and complete them, at least for all staff in at-risk groups, within four weeks. They also asked organisations to publish the following metrics from their staff reviews, until fully compliant:

• Number of staff risk-assessed and percentage of whole workforce.
• Number of black, Asian and minority ethnic (BAME) staff risk assessments completed, and percentage of total risk assessments completed and of whole workforce.
• Percentage of staff risk-assessed by staff group.
• Additional mitigation over and above the individual risk assessments in settings where infection rates are highest.

There has been regular communication via the Daily and Weekly Briefings and screen savers on the importance of completing the risk assessment process. At the 25 June 2020 our position was a follows (we have included regular bank workers in our staffing numbers) :

Total number of staff having completed the risk assessment	1561 (830 not completed)	% of total staff having completed the risk assessment	65%
Number of BAME staff risk assessments completed	332 (220 not completed)	% of BAME staff risk assessments completed	60%
Number of White staff risk assessments completed	1206 (589 completed)	% of White staff risk assessments completed	67%
Number of staff having completed the risk assessment by staff group	Add Prof and Tech:74 Add Clinical :243 Admin & Clerical:406 AHP: 74	% of staff having completed the risk assessment by staff group	Add Prof and Tech: 81% Add Clinical : 53% Admin & Clerical: 78% AHP: 75%

	E&F: 70		E&F: 71%
	HCS: 68		HCS: 77%
	M&D: 117		M&D: 46%
	N&M: 507		N&M: 65%

Doctors in Training and bank staff are the staff groups that we are finding it hardest to engage in completing the risk assessment. We are liaising with the Deanery and the Director of Medical Education to improve the uptake with Doctors in Training. Temporary Staffing are communicating with bank staff to encourage them to complete it. We have discussed how the BAME Network can encourage staff from a BAME background to complete their assessments. The chair of the network is going to write out to staff to encourage participation and try and allay any concerns or myths concerning the assessment process.

3. BAME Network Update

Throughout the period of the emergency response the BAME Network has continued to meet and has play an invaluable role in helping the Trust understand and respond to the concerns of our BAME staff regarding COVID 19. As the evidence emerged regarding the disproportionate impact on staff from a BAME background the Network has discussed how we undertake the risk assessment process and what mitigation the Trust can put in place to in order to protect the health and safety of all staff. We held sessions for the Network with the Director of Infection Prevention and Control and with members of the Infection Control Team to discuss the Trust's PPE use and guidance. The outcome from these discussions was confirmation that all staff providing care to a patient, regardless of the Covid status of the patient, should wear a face mask (either surgical or FFP3) depending on the activity being undertaken. It also identified a number of areas where communication on our PPE guidance needed to be improved as staff were not clear which was causing anxiety. Subsequent to these meetings the Chair of the BAME Network confirmed that she was satisfied that our approach to PPE was protecting staff and she was content to reassure staff of a BAME background of this.

The Network has also been discussing concerns regarding recruitment practices in Critical Care during the emergency response. Following very constructive challenge from the BAME Network the Director of Workforce and OD has undertaken a review of a process that was used to act staff up as part of the expansion of Critical Care. The purpose of the review has been to understand what happened and what the learning from this was. When this review is complete the report will be shared with the Network, the RCN and the Freedom to Speak up Champion and we have agreed that there will be Trust-wide communication on the learning from this.

At the last meeting of the Network on Friday 26 June 2020 we considered how we could seek support from the Trust's Charity to make substantive progress on addressing the significant issues that the Trust has with career progression for staff from a BAME Network. This is demonstrated in our latest WRES results with only 56% of staff from a BAME background believing that we provide equality of opportunity in career progression and promotion. The Network identified that there were a number of actions they wished the Trust to take but that progress with these had been hampered by lack of capacity to implement the actions/schemes and then the onset of the pandemic. The key ask therefore for the Trust to increase capacity to make substantive progress with:
- Roll out of unconscious bias training for all staff and consider cultural awareness training/information for line managers and staff
- Reverse mentoring for senior leaders in the Trust
- Roll out of the career coaching programme
- Provide development on those skills and abilities that relate to career development eg example, networking and mentoring communication, presentations, goals, body

language, image and reputation are key skills which have been shown to increase career progression.

- Development programmes that are focused on BAME staff either

A charity bid will be developed to address the issues outlined above and it will include a request for additional capacity, ideally an internal secondment, to work with our EDI Lead, and potentially an apprenticeship opportunity, to bring the ideas above to fruition. The BAME Network is very pleased to have this opportunity.

4. Recommendation:

The Board of Directors is requested to note the contents of the report.