

**SPF WIDER GROUP - COVID MEETING
3 JUNE 2020**

- **Minister for Care - Helen Whately MP (Chair)**

Helen was in a meeting with Matt Hancock, so Clare Armstrong was Chair at the start. Joined for 5 minutes only.

- **Restoration of non Covid-19 activities:** [Name Redacted] (NHSE/I)

NHS Chief Exec in the West Midlands. Assisting with the Covid-19 response. Programme Director for the Nightingales. Leading the work on Phase 3 of the plan - how do we look forward across the rest of the year. It's not the usual 12-month planning process. The beginning of July a letter will be issued to Trusts to enable planning for the rest of the financial year.

The Letter:

1. Hoping to write to systems, rather than just organisations. Particular the partnership arrangements that have developed.
2. Focussed on finding harm. Recognition that we have caused harm by the processes that we have gone through - such as the switching off of services has caused harm. Focus on the patients that have suffered harm as a result of switching off services.
3. To focus on tackling health inequalities. To make sure the divides we have got don't exacerbate conditions. Very much about health population risk registers, working across health, but also in the voluntary sector.

Already lots of good work being done and we need to build on that work. A recognition of the mental and physical rehabilitation that will be needed. Particularly mental - for those that have been shielding and supporting people back into the outdoors. Also, rehabilitation of patients that have had Covid and the continued clinical support they may need.

Financial structure will be kept simple. A block contract type of approach - encouraging systems to work together.

Productivity - how much can we reasonably as people to do? Turning up for a shift, wearing full PPE in the heat - will reduce productivity. The impact of not having visitors or relatives with patients can restrict the constructiveness of dialogue with patients. Plus, trying to operate considering AGPs.

People will have the answers to these problems, not policy makers. We need to listen to staff. Many staff are tired and exhausted and will need time off. People will want to use annual leave once lockdown lifts. We need people to rest and recuperate as it is set to be a difficult winter as we continue to live with Covid-19.

There have been some beneficial changes as a result - home working, digital work with patients, telephone contact from surgeons and GPs. Recognition that the NHS is loved now more than ever before - how do we capitalise on this?

Unions: We welcome the approach so far, measured, giving organisations the space and time to have discussions, with some guidance but not being prescriptive, to allow local level discussions to happen. A one size fits all approach that was attempted in schools did not work. The good will of staff to be flexible, adaptable and stick with it in the long term will be a challenge. We need to understand what support our members will want from us in these times and how we can influence discussions to their benefit. Keeping some of the benefits from running services differently. Essential that local trade unions are involved in all local / system level discussions. Staff capacity is critically linked to well-being - shortages as well as the need for people to have proper breaks. We don't want procedures that are restrictive in when staff can take leave as we are seeing in some

Unions: Some evidence of staff don and doffing PPE and going into communal areas, there is a risk of staff being exposed. Maybe guidance is needed for staff on this. We would expect that people who are told to self-isolate in line with this policy will continue to be paid full pay - SSP would not be sustainable for individuals and therefore this policy creates an infection and control risk. This is of a major concern in social care and contractors working within the NHS. We also have concerns about the staffing model being used for the staff working on this T&T programme - unions need a meeting to discuss the terms and conditions for these workers ASAP.

Employers: Can't make a commitment about social care and contractor pay as the employers and DH on this call have a remit for NHS only. The SPF also does not cover the staff being employed to work in the T&T programme.

- **Health & Wellbeing Programme Update: Dr Sonya Wallbank (NHSE/I)**

Slide presentation. To be circulated later.

Worked with a task force of clinical experts who have worked in emergency incidents in the past - to create a framework of what we thought would happen. Appears we are going back to the anticipation stage now as there are fears about returning to work and a possible second wave.

Provided lots of national support tools and resources - online, Apps, telephone, one to one, weekly webinar, common online rooms with other similar professionals, etc. Trying to be responsive with the offer and adapt it to the needs of different workers and cultures.

As we move forward, we need to be trauma informed - we cannot intervene too soon. Most staff will be OK with the right support locally and within their teams. But some will need more support. Trying to identify what the gaps in support are so we can fill the void.

Forecasts are that 13% of staff will have PTSD and 10 -15% will suffer with stress and anxiety. And we need to ensure these people are supported.

So far, there have been 3000 calls on the helpline and 1000 texts - usually received in the evening.

Asking organisations to consider how they engage with staff and how are they using the data to determine the support.

Unions: Have a more detailed H&WB meeting scheduled for tomorrow where this can be discussed in more detail. Also, requested sight of results from any EIA.

Employers: Local action is so important here, but the national support has also been crucial. Have to engage on a human level with staff as we can't understand what they have been through without doing so.

- **BAME Strategy / Action Plan: Dr Nikita Kanani, Dr Na'eem Ahmed, NR (NHSE/I)**

Slide presentation given. What response can they make to the disproportionate impact due to Covid? To be circulated later.

Recognised early on that this was an issue and worked to get guidance out to the system ASAP.

1. How do we protect staff?
2. How do we engage staff?
3. How do we support staff?

Very clear instructions were needed - accessibility to training and education, risk reduction - all employers required to do risk assessments, encouraging speaking up, representation of BAME workers in this work.

Protection - the ability to have strong and targeted support and education, plus guidance for those with beards or hijabs, - the use of PPE. Equality and improvement to be embedded and collated case studies of good work will be published shortly.

Had very deliberate conversations and events with affected workers and leaders so we can hear the genuine experience.

Aware of the trust and psychological issues that have arisen amongst BAME colleagues due to support and PPE and other issues. These colleagues do not trust us. They are looking to their communities for support and we need to go there to assist. It is not a one size fits all approach. Some of the engagement has led to cultural awareness of some of the policies and procedures impacts on some colleagues - PPE requirements, cultural bereavement, access to religious support in work, etc.

Recognise we have to create safe spaces and reach out to people, encourage them to speak out and reassure them it is confidential.

Information is published online at -

<https://www.england.nhs.uk/coronavirus/workforce/addressing-impact-of-covid-19-on-bame-staff-in-the-nhs/>

Unions: We need to establish a framework of trust on this, particularly given the current climate. Unions need to be involved in facilitating conversations and being a part with local work. Many members have fears about disclosing information to services and worried their employers will be informed. Good that it is recognised that you don't have the level of trust from BAME staff that is needed for this work. The PHE report publication delay has been hugely impacted peoples trust in it. Time is of the essence now. We are pleased to have worked with NHS employers on their revised risk assessment advice and unions are hoping to circulate our own advice in line with this in the next few days.

Date of Next Meeting:

- SPF Engagement Group - Tuesday 9th June 2020
- SPF Wider Group - Wednesday 17th June 2020