

PEOPLE ACADEMY MINUTES

Date:	27 th October 2021	Time:	1100 - 1300
Venue:	Microsoft Teams meeting	Chair:	Jon Prashar, Non-Executive Director
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Mr Barrie Senior, Non-Executive Director (BS) - Mr Jon Prashar, Deputy Chair & Non-Executive Director (JP) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Ms Pat Campbell, Director of Human Resources (PC) - Dr Ray Smith, Chief Medical Officer (RS) - Ms Karen Dawber, Chief Nurse (KD) - Mr Alex Brown, Deputy Chief Medical Officer (AB) - Mr Amandeep Singh, Partnership Lead/BAME Staff Network Representative (AS) - Ms Catherine Shutt, Head of Organisational Development (CS) - Mr Faeem Lal, Deputy Director of HR (FL) - Ms Faye Alexander, Education Manager attending of behalf of Amanda Hudson (FA) - Ms Jane Kingsley, Lead Allied Health Professional (JK) - Ms Katie Shepherd, Corporate Governance Manager (KS) - Mr Kez Hayat, Head of Equality Diversity and Inclusion (KH) - Ms Laura Parsons, Associate Director of Corporate Governance/Board Secretary (LP) - Ms Louise Robinson, Enable Staff Network Representative (LR) - Ms Ruth Haigh, Staff Experience Manager (RH) 		
In Attendance:	<ul style="list-style-type: none"> - Ms Linda Preston, Executive Assistant (LAP) (minutes) 		

Agenda Ref	Agenda Item	Actions
PA.10.21.1	Apologies for Absence	
	<ul style="list-style-type: none"> - Mr Altaf Sadique, Non-Executive Director (ASa) - Ms Karen Walker, Non-Executive Director (KW) - Ms Amanda Grice, Workplace & Health Well-being Centre Manager (AG) - Ms Amanda Hudson, Head of Education (AH) - Ms Joanne Hilton, Assistant Chief Nurse (JH) - Ms Lisa Fletcher, Assistant Director of HR (LF) - Ms Sarah Turner, Assistant Chief Nurse (ST) - Ms Sue Franklin, Associate Chief Nurse (SF) <p>Absent</p> <ul style="list-style-type: none"> - Mr Chris Smith, Deputy Director of Finance (CS) - Mr David Hollings, Deputy Chief Digital and Information Officer (DH) - Mr David Smith, Director of Pharmacy (DS) - Ms Jacqui Maurice, Head of Corporate Governance (JM) 	

	<ul style="list-style-type: none"> - Ms Nasaybah Bibi, Enable Staff network Chair (NB) - Ms Rachel Waddington, Deputy Director of Operations (RW) 	
PA.10.21.2	Declarations of Interest	
	There were no interests declared.	
PA.10.21.3	Draft Minutes of the Meeting Held on 29th September 2021	
	<p>The minutes of the meeting held on 29th September 2021 were accepted as an accurate record of the meeting.</p> <p>In relation to Action ID PA21032 – New Ways of Working/Growing for the Future, as this item is on the agenda for the meeting it is anticipated this item will be closed at today's meeting.</p>	
PA.10.21.4	Matters Arising	
	There were no further items to discuss in addition to the two items listed under Any Other Business.	
PA.10.21.5	People Academy Dashboard	
	<p>JP reminded the members of the Academy of the importance of the information contained within the Dashboard to gain the relevant assurance required, and to determine any items needing escalation to the Board of Directors.</p> <p>PC advised the new metrics are still being worked through and it is anticipated an updated suite of EDI metrics will be available for the November 2021 People Academy. The most recent metrics circulated have been updated in terms of engagement and EDI metrics, the latter of which will be discussed later in the meeting, and a new additional metric has been added in relation to apprenticeship starts in the Trust. PC highlighted the following:</p> <ul style="list-style-type: none"> • Contacts with the Staff Advocacy Service remain fairly constant over the last six months, with a number relating to advice around disability/equality issues such as the provision of reasonable adjustments and interpretation of the Disability Equality Policy. • There has been an increase in numbers in relation to harassment and bullying outcomes, however these are in instances where there has been no case to answer. There has also been an increase in cases which have been able to be resolved informally. This is an area where more focussed work will be undertaken and it will also be included in the Civility in the Workplace programme. • Discussions have taken place on including a metric regarding Freedom to Speak Up Concerns to provide an overview of the methods open to staff when raising concerns. • Use of agency staff and staff turnover have been fairly static over the last month. A small increase in turnover has been seen however this was within the predicted parameters of between 10% - 12%. • The purpose of this new apprenticeship metric is to provide an 	

	<p>overview of the apprenticeship numbers in the Trust. There are currently 269 apprentices at various stages of the apprentice programmes and apprenticeship pathways. This is being monitored and managers are being encouraged and challenged at recruitment approval stage to consider if their posts can be filled by an apprentice. This metric will be uploaded on a three monthly basis.</p> <ul style="list-style-type: none"> • A small improvement has been made in the EDI metric with regard to senior leadership figures, and a much larger increase in workforce indicators. • Staff sickness absence continues to increase incrementally month on month with the most common reason for absence remaining anxiety, stress and depression. A small increase also continues in Covid related sickness absence and staff being in isolation. Whilst the benchmark data shows us as being an outlier in terms of sickness rates, it was evident from a recent WYAAT meeting that all included Trusts are struggling with sickness absence and reporting staff absence of between 6% and 7% for September and October to date. This therefore remains an area of concern across the Trusts. <p>JP asked if there many cases with unreasonable expectations from staff in relation to work particularly considering the changes due to the pandemic. PC advised she is unaware of any such cases with the majority seeking further advice or guidance in terms of what is classed as reasonable to enable them to undertake their roles. In some instances staff and managers have different interpretations of the various provisions of the Disability Equality Policy and are therefore using the Staff Advocacy Service to gain further advice and guidance. KH commented there is still work to do around raising awareness of disability equality in terms of reasonable adjustments and what this means. He continued awareness of the Disability Equality Policy is crucial and this is captured within the workforce disability standard action plan.</p> <p>JP questioned if any issues have arisen around disability and terminology and around lack of civility, or if that was not really an issue. PC said she is unaware of any harassment and bullying cases particularly focussed on disability.</p>	
PA.10.21.6	Strategic Risks Relevant to the Academy	
	<p>JP reminded the Academy this is an opportunity to consider the risks and look at whether our relevant actions, mitigation and activities are managing the risks appropriately.</p> <p>PC confirmed there have been no changes to the risks. The staffing risk remains an extreme risk on the dashboard. She also highlighted the risk to staff and patient safety due to healthcare workers not taking up the Covid vaccine. Work is being done to focus on this area including the Covid vaccine booster campaign and the commencement of further webinar Q&A sessions to encourage take-up with potentially key areas of the Trust being targeted. Bradford is now starting to be shown as a relatively low vaccine uptake area in terms of staff and the local community, and this is an area where</p>	

	<p>focus will be increased.</p> <p>JP asked if there is more that can be done than currently to increase vaccine uptake and PC confirmed discussions are ongoing around offering first vaccinations again on-site. KD stated a number of the Trusts with lower uptake figures have a similar population to us, and whilst much encouragement has already taken place, efforts and communications will be repeated to encourage staff to get the first vaccine. Emerging and changing guidance is also being received around some overseas travel which may also assist with uptake.</p> <p>JP asked if the staffing issue risk is becoming or is likely to become more urgent. KD said the impact on staff reflects the severity of the risk. The number of instances of short-term sickness absence and staff being reluctant to take on or cancelling at short notice additional shifts is increasing, with matrons managing staffing on an hourly basis in some cases. The wards continue to be safe but the experience of staff and patients may have reduced on some occasions. The drivers for this include staff exhaustion and low morale with no end being sighted, and it is becoming increasingly difficult to support staff. If this cannot be reversed there is a possibility of staff turnover increasing.</p> <p>KD also advised a number of overseas nurses have/are due to start with us, and newly qualified nurses and midwives are also joining soon. Attention has been focussed on recruiting healthcare support workers with around 100+ posts now actively being recruited to. Other initiatives include using pharmacy technicians on wards to provide support. However a proportional impact as a result of the recruitment required is being seen.</p> <p>In terms of monitoring nursing staffing levels KD discussed the use of e-Rostering and the information it provides. An extensive matrons WhatsApp group is also utilised with a senior matron covering staffing each day from 7am to 9pm, and the site team picking it up overnight. Any harms experienced such as pressure ulcers and falls as a result of staffing issues are therefore monitored closely and picked up at the risk huddles.</p> <p>JP asked if there are comparisons from staff with experiences and flexibility in other sectors. KD said in relation to nurse staffing the majority are unable to work from home due to their roles involving giving direct care to patients. In relation to those in her teams who have been able to work from home there have been benefits and efficiencies realised.</p> <p>JP also questioned if there are any issues requiring management around potential safe processes due to staff's psychological status. KD confirmed conversations take place on a daily basis around staff moving areas which can result in staff being upset, cancelling additional shifts or going on sick leave. It is therefore difficult to provide the required support to staff whilst also protecting patient needs and safety. Staff are offered assistance such as counselling services, first response to mental health services and the Occupational Health Service. However the Occupational Health department are also currently experiencing staffing shortages. One</p>	
--	---	--

	initiative which has seen some success is to ring-fence ultra-green ward staff in an attempt to get elective activity running.	
PA.10.21.7	Healthcare Worker Flu Vaccination Best Practice Assurance	
	<p>PC referred to the circulated paper representing a review of last year's programme, looking forward to this year's programme, and the best practice management checklist for public assurance which needs to be submitted to a Trust Open Board meeting before the end of December 2021.</p> <p>PC commented 80% of staff received the vaccine in 2020 against a target of 85%, with the national uptake for NHS frontline staff being 76.8%. Overall therefore quite a good performance when considering the difficulties the pandemic has brought, motivating staff to take up the vaccine, and the changes required in running the vaccine programme due to social distancing etc.</p> <p>The target for this year is to offer the vaccine to 100% of frontline health and social care staff, with an ambition of an 85% uptake by the end of February 2022. RS asked how the recording of offering the vaccine is undertaken. PC stated this does not have to be physically recorded, the requirement is to ensure effective communication to all staff is undertaken.</p> <p>A winter vaccination group has been formed which manages both the flu and Covid booster uptake which will then feed into a system-wide group. Results so far this year show the flu campaign has been well received with most sessions in the clinics being fully booked. Good feedback has been received from the mobile teams. The flu vaccine is also being offered at the same time as receiving the Covid booster with approximately 50% of staff choosing to have both vaccines at the same time.</p> <p>With regard to the best practice checklist PC advised we have self-assessed ourselves as Confident in terms of the key elements. It has been decided not to offer incentives this year however this will be reviewed in November dependent on uptake.</p> <p>The flu publicity materials from PHE were not received until 22nd October 2021 which is much later than normal, but overall the programme is going as well as can be expected.</p> <p>JP asked if there was likely to be increased 'vaccine fatigue' from staff given they have probably already had up to three Covid vaccinations. PC commented that evidence of this is being seen to an extent but uptake in the first four weeks has still been good.</p> <p>JP questioned how proactive the offering of the flu vaccination at the same time as the Covid booster jab is and PC advised online pre-booking is required unless it is received at one of the mobile clinics. If the flu vaccination is done at the same time as the Covid booster just one main booking is required.</p> <p>AB questioned if we have any indication as to if staff do not have the Covid booster they will also not take up the flu vaccine and if there are any sanctions against those staff due to the risk of passing</p>	

	infections onto patients. PC said there are no sanctions in place until either the Covid vaccination and/or the flu vaccination are made mandatory. AB also asked if it is recorded when staff have their flu jabs if they have received their Covid booster and PC advised yes it will be recorded although ESR had not been updated as yet to enable this to happen in respect of the booster.	
PA.10.21.8	Temporary Workforce Audit Report	
	<p>PC referred to the Temporary Workforce Audit report which for the Academy's assurance gives an overall opinion of significant assurance and highlights strong controls are in place around the use and management of the Trust's temporary workforce. Weaknesses were identified specifically around the training arrangements of bank staff however part of this is due to the impact of the pandemic and the ceasing of mandatory training in some areas. Actions have been agreed to strengthen that area.</p> <p>The Academy noted the report.</p>	
PA.10.21.9	People Winter Plan	
	<p>FL shared a key action summary slide with the Academy and advised guidance has been received from NHS England around ensuring from a workforce perspective we are prepared to support our staff over the winter. FL discussed the actions taken and planned ensuring the correct terminology is being used around the key areas requiring assurance. He stated the Trust is comfortable the relevant procedures and protocols are in place to ensure we are not an outlier.</p> <p>RS asked what support is being provided now before the impact of the winter pressures starts to be felt for the areas which have been less targeted than some of the frontline ones such as ICU and respiratory wards, and also ensuring that wellbeing conversations are taking place in a meaningful way. JP also queried if some of the wellbeing initiatives are less likely to occur due to the other pressures over the winter period. FL confirmed this is recognised as a barrier and alternative innovative approaches of providing support are being explored.</p>	
PA.10.21.10	Guardian of Safe Working Hours / Quarterly Report	
	It was agreed to defer this item to the meeting scheduled on 24 th November 2021.	
PA.10.21.11	Looking After Our People	
	FL gave a presentation providing background around the national and the Trust's People Plans and those areas being focussed on, and commented that confidence is high around achieving our aims. He outlined the programmes currently in place, the new ways of working being considered in the medium term for across the Trust outwith the normal ones, and the challenges to be overcome. These include mindfulness based activities and physical activities with a paper in relation to this is to be submitted to the Executive Team for approval. More consideration is also being given to longer term initiatives.	

	<p>There is a need in order to embed these programmes and initiatives to ensure line managers have the support they need to interpret the policies in the correct way.</p> <p>KD commented that it is crucial to introduce different and innovative ideas and small rewards for acts of kindness across the site in order to keep up the momentum, and also include these in the pre-Christmas week of celebrations.</p> <p>RS showed his appreciation for the wellbeing initiatives and noted it is key that the managers are actively targeted. He suggested thought be given to providing a special package of support for this group and FL confirmed this is an area which needs to be considered. PC commented that the managers are doing really difficult jobs at present and may not always receive the necessary support they require, however there are many resources and interventions available to managers and they need promoting so they are aware of them. A review is required around assistance available to managers who are supporting staff with mental health issues. CS also discussed the three leadership pathway programmes currently available to managers which can be accessed on the Thrive platform.</p> <p>JP asked if there is a risk that due to the pressures over the winter period the importance placed around civility may slip, and FL advised that due partly to the pressures of pandemic people are becoming less tolerant and raising grievances when they previously may not have done, and so there is greater importance to continually promote civility.</p> <p>KH suggested the formation of a Task and Finish group to invite staff to provide their views and ideas on what they would like to see. FL outlined the problems this may raise and it was agreed to have further discussions outside of the meeting.</p>	FL
PA.10.21.12	Workforce Growth and Transformation Sub-Group	
	<p>JK gave a recap of the formation of the Group and referred to the paper circulated detailing the priority areas for action which have been derived from national documents and local priorities. Further detail is to be added to the work plan and work is to be done to put the initiatives into priority order. It was agreed PC to meet with the core members of the Sub-Group to look at this further.</p> <p>FA also gave an update with regard to an opportunity being worked on in collaboration with Health Education England about innovating a new pilot Physician Associate preceptorship programme.</p>	PC
PA.10.21.13	NHS People Plan / Strategy Work Plan	
	<p>PC referred to the paper circulated for information which provides an update on the progress made and current position with regard to the employer led actions.</p> <p>The information was noted by the Academy.</p>	
PA.10.21.14	WRES / WDES / Gender Equality Action Plans	
	KH gave an overview of the WRES and WDES action plans	

	<p>circulated, and stated these have been streamlined and are now focussed on smart achievable outcomes and those areas required to be looked at as indicated by the data analysis undertaken. They have also been aligned to the People Plan to ensure there is focus on raising the profile of equality, diversity, inclusion and specific focus on disability equality.</p> <p>The action plans for WRES, WDES and Gender have been developed in partnership with the relevant heads of department and members of our staff equality networks ensuring all times scales and roles and responsibilities are clear.</p> <p>Focus groups have taken place with a range of staff from across the organisation in the formulation of the gender equality action plan.</p> <p>Work is ongoing focussing on staff engagement and staff networks involvement and looking at what can be improved in the recruitment and selection processes.</p> <p>It is also hoped to equip managers with the information and tools they need to ensure they are having meaningful, compassionate and inclusive conversations with staff, and work continues in conjunction with the staff networks.</p> <p>The staff networks are being reviewed and refreshed and work continues in this area to ensure the networks are thriving and aligned to the national ambition. The refreshed staff networks will be launched in the new year.</p> <p>Following conversations and contacts with the Staff Advocacy Service work is needed around implementation of the Disability Equality Leave Policy. The WDES action plan includes increased focus on disabled staff in leadership roles as these are under-represented at a senior level within the Trust. An Equality Impact Assessment is also being looked at in conjunction with the education and training opportunities currently offered by the Trust. There is still work to be done to improve the disability staff disclosure and a further launch of the equality census will be undertaken in the coming year.</p> <p>In relation to the Gender Action Plan feedback from the focus groups held has been taken on board, and KH described the key themes for the action plan and work being undertaken around:</p> <ul style="list-style-type: none"> • Increasing engagement with aspiring female colleagues in senior management roles. • The under-representation of men at all levels in the organisation and challenging the more traditional female stereotype roles. • Work-life balance and creating a culture of flexible working. <p>KH also mentioned there has been some improvement in terms of representation levels and some impact across the organisation in terms of raising the profile of Equality, Diversity and Inclusion and this is ongoing. KH said cultural competency will be a strategic</p>	
--	---	--

	<p>priority going forward.</p> <p>AS commented there are a number of 'ongoing' references in terms of timescales on the action plans, and KH stated those actions are already in progress and are included in the performance management toolkit in which progress will be reported regularly through People Academy and staff network meetings.</p> <p>There were no comments made around the risks, mitigations, actions and assurance related to the EDI metrics, and performance indicators relating to race, gender, disability and broader equality issues.</p>	
PA.10.21.15	Freedom to Speak Up: Quarterly Report	
	<p>It was agreed to defer this item to the meeting scheduled on 24th November 2021.</p> <p>The report is also to be presented to the Quality Academy for information.</p>	LP
PA.10.21.16	Any Other Business	
	<ul style="list-style-type: none"> 2021/22 NHS System Oversight Framework Segmentation (SOF) 2021/22 Priorities and Operational Planning October 2021-March 2022 Workforce Submission <p>With regard to the first point above PC mentioned the letter to Mel Pickup already circulated showing the Trust has been placed in segment 2 for this year, with 1 being the highest rate and 4 being the lowest. PC explained the SOF is NHSE's approach to oversight at wider and ICS level. The segmentation is based around five themes of which people is one. Our historical position has also been at 2 however it is unclear how this rating has been determined.</p> <p>In relation to the draft workforce submission this is part of a high level Place based submission to the ICS in terms of our workforce plans for the next six months. A separate Trust submission is no longer put forward as it is all now aggregated at Place level in terms of numbers and narrative. Work is still ongoing to finalise the March 2022 establishment figures. The staff in post figures have been populated following discussion with the relevant leads in the Trust and these with the establishment figures will reflect our Ockenden Investment Safe Nursing Review and pipeline business cases. The key changes include increases in midwifery numbers and healthcare assistant numbers. The submission also includes our predictions on turnover, retirement and sickness, and assumptions, risks and issues.</p> <p>The Academy noted the information.</p> <ul style="list-style-type: none"> JP reminded members to provide any comments they have on the ordering of the agenda items for the meeting. 	

PA.10.21.17	Matters to Share with Other Academies	
	There were no other matters to share with the other Academies.	
PA.10.21.18	Matters to Escalate to the Board of Directors	
	The Healthcare Worker Flu Vaccination Best Practice Assurance paper will be appended to KW's Chair's Report for the Board to be assured on the paper and associated actions.	LP
PA.10.21.19	Date and Time of Next Meeting	
	24 th November 2021, 1100–1300	

ACTIONS FROM PEOPLE ACADEMY – 27th October 2021

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress