

## PEOPLE ACADEMY MINUTES

<b>Date:</b>	24 <sup>th</sup> November 2021	<b>Time:</b>	1100 - 1300
<b>Venue:</b>	Microsoft Teams meeting	<b>Chair:</b>	Karen Walker, Non-Executive Director
<b>Present:</b>	<p><b>Non-Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Mr Altaf Sadique, Non-Executive Director (ASa)</li> <li>- Mr Jon Prashar, Deputy Chair &amp; Non-Executive Director (JP)</li> </ul> <p><b>Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Ms Pat Campbell, Director of Human Resources (PC)</li> <li>- Dr Ray Smith, Chief Medical Officer (RS)</li> <li>- Ms Karen Dawber, Chief Nurse (KD)</li> <li>- Mr Alex Brown, Deputy Chief Medical Officer (AB)</li> <li>- Mr David Smith, Director Of Pharmacy (DS)</li> <li>- Ms Catherine Shutt, Head of Organisational Development (CS)</li> <li>- Ms Faye Alexander, Education Manager attending of behalf of Amanda Hudson (FA)</li> <li>- Ms Jane Kingsley, Lead Allied Health Professional (JK)</li> <li>- Ms Katie Shepherd, Corporate Governance Manager (KS)</li> <li>- Mr Kez Hayat, Head of Equality Diversity and Inclusion (KH)</li> <li>- Ms Laura Parsons, Associate Director of Corporate Governance/Board Secretary (LP)</li> <li>- Ms Lisa Fletcher, Assistant Director of HR (LF)</li> <li>- Ms Louise Robinson, Enable Staff Network Representative (LR)</li> <li>- Ms Rachel Waddington, Deputy Director of Operations (RW)</li> <li>- Ms Sue Franklin, Associate Chief Nurse (SF)</li> </ul>		
<b>Observing</b>	<ul style="list-style-type: none"> <li>- Ms Helen Wilson, Staff Governor (HW)</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>- Ms Linda Preston, Executive Assistant (LAP) (minutes)</li> </ul>		

Agenda Ref	Agenda Item	Actions
PA.11.21.1	<b>Apologies for Absence</b>	
	<ul style="list-style-type: none"> <li>- Ms Amanda Hudson, Head of Education (AH)</li> <li>- Mr Amandeep Singh, Partnership Lead/BAME Staff Network Representative (AS)</li> <li>- Mr David Hollings, Deputy Chief Digital and Information Officer (DH)</li> <li>- Mr Faeem Lal, Deputy Director of HR (FL)</li> </ul> <p>Absent</p> <ul style="list-style-type: none"> <li>- Ms Amanda Grice, Workplace &amp; Health Well-being Centre Manager (AG)</li> <li>- Mr Chris Smith, Deputy Director of Finance (CS)</li> <li>- Ms Jacqui Maurice, Head of Corporate Governance (JM)</li> <li>- Ms Joanne Hilton, Assistant Chief Nurse (JH)</li> <li>- Ms Nasaybah Bibi, Enable Staff network Chair (NB)</li> <li>- Ms Ruth Haigh, Staff Experience Manager (RH)</li> </ul>	

PA.11.21.2	<b>Declarations of Interest</b>	
	There were no interests declared.	
PA.11.21.3	<b>Draft Minutes of the Meeting Held on 27<sup>th</sup> October 2021</b>	
	The minutes of the meeting held on 27 <sup>th</sup> October 2021 were accepted as an accurate record of the meeting.	
PA.11.21.4	<b>Matters Arising</b>	
	There were no further items to discuss.	
PA.11.21.5	<b>Civility in the Workplace</b>	
	<p>CS presented an update of the Workplace Civility programme explaining what this entails such as treating each other with respect, using manners, acknowledging and greeting each other, and welcoming feedback. She also discussed the differences with incivility and the negative impact this can have on people which can lead to staff leaving the NHS.</p> <p>CS discussed the link with the NHS People Plan and the power of civility on different groups of staff in terms of performance levels, and also the link with the NHS Patient Safety Strategy to gain the best patient outcomes possible.</p> <p>CS highlighted the key headlines from the Trust's data around civility and bullying/harassment challenges, and the decline in some of the results such as discrimination in the 2020 staff survey compared to the previous year. The data for the 2021 staff survey is currently being collated.</p> <p>In relation to Freedom to Speak Up CS said nine of the quarter one concerns were around bullying and harassment, and six other issues were raised in relation to values and behaviours. Common themes cover issues such as low morale, core behaviours, lack of respect for each other and rudeness. The Covid pandemic has also had an impact in terms of mask wearing diminishing our ability to communicate with each other, and virtual meetings reducing the power of body language.</p> <p>In the last 12 months CS advised there have been 12 formal complaints of bullying and harassment made, 17 formal grievances and 30 disciplinary cases.</p> <p>CS reiterated the various support initiatives underway such as the Embedding Kindness Campaign, wellbeing conversations for managers and staff, online networks, and the new mediation service.</p> <p>CS outlined the key items to help in achieving the Trust's vision to make it an outstanding place to work and what this means such as ensuring we have a clear definition of acceptable behaviours, managers and staff are confident to speak up, and the necessary tools and resources are available when inappropriate behaviours are displayed, and having a focus on informal resolution to help avoid escalation.</p>	

	<p>Work is also being undertaken to bring the Trust's values to life, to ensure good behaviours are rewarded, psychological and wellbeing support is available, and also appropriate mechanisms are in place so there is no detriment to those who do speak out. Policies and processes are being reviewed for any necessary changes to underpin the culture the Trust is striving to create.</p> <p>Key KPIs are being created to ensure an impact is being made as a result of the programme of work.</p> <p>As the basis for our approach a national toolkit from NHS England &amp; Improvement around civility and respect, which is based on the work done at Mersey Care who have successfully implemented some changes, has been used.</p> <p>CS discussed the key priorities over the next 18 months and the formation of a Workplace Civility Project Board who recently had their initial meeting. She discussed the awareness campaign being undertaken around civility and embedding kindness and the anonymous feedback gathered in relation to acceptable behaviours and initiatives which would make the largest difference to staff. This data will be used to develop a behaviour framework and how this links to the Trust's values. Further work is then being done to look at how these behaviours can be used to support managers to have the confidence and capability to undertake challenging conversations.</p> <p>JP asked if the various cultural issues needing to be challenged around behaviours which can be misinterpreted are being correctly addressed. Furthermore he questioned how issues arising from the breakdown of friendships are dealt with, and also when staff with the same protected characteristics choose to use references between themselves which can be confusing/detrimental when used by others. In addition he queried where the boundaries are laid in terms of if there is a place for humour and if so using it whilst simultaneously retaining civility, and how the initiatives being put in place will avoid staff becoming reluctant to voice an opinion in fear of it having a negative impact.</p> <p>KD concurred with JP's queries and commented that from her perspective she does not feel there has always been a culture of civility in the organisation, though this is changing in more recent times however and is a slow and continual process. She also feels historically leadership has been confused with direct management, and there are staff with certain behaviours which they believe to be acceptable when in reality they come under the bullying/not civil umbrella.</p> <p>RS reiterated that it is everyone's responsibility at all levels to demonstrate civility in the workplace, and staff need to feel empowered to speak up if they are aware of instances when this does not happen. Culture change is not easy and does take time but must be embraced and progressed.</p> <p>KH confirmed cultural competency is a key priority within the Equality, Diversity &amp; Inclusion strategy with further work to be undertaken, as is the breakdown of friendships at work. He added</p>	
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	<p>raising awareness of protected characteristics is a further area where focus is being targeted via seminars and these have proved effective and received good feedback.</p> <p>SF echoed the points already made and discussed the alignment between Freedom to Speak Up and the civility work being undertaken around values and behaviours.</p> <p>PC discussed the importance of the engagement aspect and how staff are involved in the process. She asked for any feedback and comments in relation to those items currently identified as key priorities for the first six months to be fed back to CS.</p> <p>KW suggested regular updates on the work being done regarding civility in the workplace are provided to the Academy going forward, and it was agreed this would be added to the Work Plan on a quarterly basis.</p>	<p>Head of Organisational Development PA21038</p>
<b>PA.11.21.6</b>	<b>Patient Experience Kindness Update</b>	
	KD advised the update has been deferred to the January 2022 Academy meeting.	
<b>PA.11.21.7</b>	<b>Freedom to Speak Up Quarterly Report</b>	
	<p>SF referred to the circulated report which relates to quarter 2. In summary there were 13 concerns raised with four of these relating to bullying and harassment, and one around values and behaviours. SF advised the figures are reported nationally and similar patterns are seen across the country. No reports of detriment for staff speaking up were reported in the quarter.</p> <p>SF said all cases are followed up once they have been closed and staff do advise if they are struggling in the workplace, however no instances of such issues have been noted for the period.</p> <p>In terms of staff groups who are speaking up these are varied with no groups showing a significantly higher number of reporting issues than any others. For reasons of reporting the staff groups are linked to the National Guardian's Office staff groups.</p> <p>SF talked through the information provided in terms of how many staff use the Freedom to Speak Up app and the various figures reported. The most common areas on the app visited by staff are: Why should I raise a concern?, How am I protected? and Can I report a concern anonymously?</p> <p>SF mentioned the equality monitoring data and said once a full year's data is available it will be determined how best to use the data going forward.</p> <p>SF went on to say Associate Guardians have recently been recruited to assist in reaching staff who may not be aware of Freedom to Speak Up. One of these will be based at St Luke's and their training is due to commence in January 2022.</p> <p>In relation to the Internal Audit report circulated SF highlighted significant assurance had been given around the Freedom to Speak</p>	

	<p>Up arrangements within the Trust with some minor issues to be followed up.</p> <p>KH mentioned the recent reports presented by the National Guardians Office include data regarding monitoring and the importance of reviewing this going forward especially in relation to protected groups. It is key that Freedom to Speak Up Guardians represent the workforce they are working in and the diversity of Guardians going forward will be crucial. SF said a reasonably diverse group of people have responded to the recent request for additional Guardians and communications will be issued with further information regarding these in due course.</p> <p>KW asked if there are plans to promote the Freedom to Speak Up initiative as recent data suggests downloads on the app are quite low. SF confirmed this to be the case and it is hoped to encourage staff to discuss it at team meetings etc.</p> <p>KW also mentioned that with regard to equality monitoring there is a reasonable mix in the data with regard to ethnicity however in relation to sexual orientation all those reporting an issue identify as heterosexual. She therefore queried if there are unreported problems with other groups and if they need to be targeted to ensure they are comfortable in speaking up irrespective of their background, ethnicity, sexual orientation etc. KH said there is work to be done around declaration and encouragement of protected groups such as disabled staff and those from an LGBT background, and there are plans to roll out an equality diversity census advising why monitoring data is collected, who can access it and how it is used which it is hoped will improve disclosure rates. SF added as the forms are anonymous it may not always be possible to identify which groups people are in and this level of detail in the data is not reported nationally due to its sensitivity.</p>	
PA.11.21.8	<b>Inclusion / Belonging Update</b>	
	<p>KH updated the Academy in terms of the refreshed WRES, WDES and Gender Equality action plans with key priorities including reviewing and relaunching the staff equality networks detailing their role and remit early in 2022. A paper is being submitted to the Equality &amp; Diversity Council in terms of the Trust's approach in renewing and refreshing the work of staff equality networks to ensure they are aligned with the national ambitions for staff equality networks and more importantly to raise their profile across the Trust.</p> <p>With regard to the Equality, Diversity &amp; Inclusion (EDI) strategy it has been agreed a dedicated strategy will be developed, a draft of which will be submitted to the People Academy before formal launch in March 2022. Work is being done in conjunction with Organisational Development to ensure alignment around civility and inclusive leadership.</p> <p>Targeted intervention work is also underway looking at how religious and cultural holidays can be managed where this is an impact of service provision.</p> <p>KW asked if any initiatives are undertaken via the networks in</p>	

	<p>relation to buddies for new joiners to the Trust. KH advised that information around EDI and staff equality networks is included in staff induction, and it is hoped to include the promotional material being developed in recruitment packs.</p>	
<b>PA.11.21.9</b>	<b>People Academy Dashboard</b>	
	<p>PC advised some new metrics are included in the dashboard relating to referrals to Freedom to Speak Up and discussed how these should be set out from January 2022. The engagement metrics are not updated in the current dashboard and will be next updated in May 2022. Figures will be included in January's report for mandatory training and high priority training.</p> <p>Reporting on appraisal rates has re-commenced for medical and non-medical staff and PC described the differences in how these are calculated for each staff group. Monitoring of appraisals has also restarted and is picked up through the Exec to CBU meetings. The results for non-medical appraisals are showing a wide range in performance from 40% to 90% and therefore a review of approach is being undertaken with an update in this regard to be provided at the January 2022 meeting. Medical appraisals are showing a comfortable performance to date.</p> <p>Use of agency and bank staff is static and there has been a small incremental increase in staff turnover across all staff groups.</p> <p>Apprentice starts will next be updated in January 2022.</p> <p>The indicators for EDI are now reported in a different way and feedback is welcomed.</p> <p>Staff sickness absence continues to increase month on month with the model hospital data showing the Trust having the highest sickness rate of an acute Trust against our comparators. The position is also similar for Bradford District Care Trust. Consideration therefore needs to be given as to how this position can be improved and also to the management of absences.</p> <p>Current data for frontline staff flu vaccination shows 41% have been vaccinated and further publications are being issued to encourage uptake.</p>	
<b>PA.11.21.10</b>	<b>Workforce Report</b>	
	<p>From the report LF highlighted that around temporary staffing the deployment of agency and bank use is stable.</p> <p>Turnover has been increasing month on month for a significant period across most staff groups with a high uplift since the last report. This is causing issues in additional clinical staff groups such as healthcare and support workers. The ancillary staff group also has a high turnover rate. A considerable amount of work is being undertaken in relation to recruitment particularly around nursing, midwifery and Healthcare Assistants and this is detailed further in the report.</p> <p>Significant challenges have been faced around healthcare</p>	



	<p>recruitment as a result of people giving backward due to the mandated Covid vaccinations. The number of non-attenders at interview has increased quite significantly and monitoring of this continues.</p> <p>Work is ongoing around the Nursing Associate roles and different skill mixes for nursing positions, and there has been additional numbers agreed for the establishment of nursing and Healthcare Assistant posts following the safe staffing review.</p> <p>Sickness rates continue to increase with the rolling sickness rate which is reported in October 2021 at 6.10%. The proportion of sickness due to infectious disease compared to the last report has fallen, with a significant element of this relating to Covid. Stress and anxiety as an overall reason for absence has increased and is the largest single reason for staff absence in the organisation. There are two benchmarking cohorts included in the report with one being an NHSI recommended peer group measured in terms of population, deprivation of the area, the population served and other factors. The second benchmark group is Acute Trusts within Yorkshire and Humber and in both of these models the Trust has the highest sickness rates. The data does not however show if one of the impacts on sickness is whether the staff groups within the other organisations include facilities staff, as most other Acute Trusts have contracted out their ancillary services which can have an impact on how we compare to those Trusts both at a regional and national level.</p> <p>RS stated the sickness rates are worrying especially as a lot of the absences relate to stress and anxiety. LF said FL is doing work which is being built into the Health and Wellbeing Group Action Plans. Due to the profile of our workforce we are an outlier compared to other Trusts as the Bradford district has high levels of deprivation and other high scoring Trusts also tend to be in areas with high levels of deprivation. RS asked if it is possible to review the data in-house with the Estate &amp; Facilities staff removed to see how/if this changes the results and LF confirmed this can be looked into.</p> <p>KW asked for further information to be provided at the January 2022 meeting in relation to sickness absence and health and wellbeing activities being put in place.</p> <p>PC commented the increase in short-term sickness is quite stark and perhaps not being managed as robustly as it previously has been, and she will discuss this further with FL. A case management approach is taken in relation to long-term sickness.</p> <p>JK mentioned it must be remembered that staff absences can be as a result of the pressures they are under due to staffing levels and increasing demand.</p>	<p>Assistant Director of HR PA21039</p> <p>Deputy Director of HR / Assistant Director of HR PA21040</p>
PA.11.21.11	<b>High Level Risks Relevant to the Academy</b>	
	PC referred to the information circulated and advised there is now a new risk escalation process in place which was discussed and agreed by the Trust's Board in October 2021. This sees risks	

	<p>scoring over 15 on the Strategic Risk Register including corporate risks reported to the Academy, and those scoring between 12 and 15 discussed at Exec to CBU meetings.</p> <p>PC highlighted the risk relating to staffing remains as an extreme risk. PC advised she is also reviewing an additional risk around vaccination particularly in light of the new mandatory vaccination requirements.</p> <p>KD said the two maternity risks were already known about and are being managed and reported to the Quality and Patient Safety Academy.</p>	
<b>PA.11.21.12</b>	<b>Guardian of Safe Working Hours / Quarterly Report</b>	
	<p>RS referred to the circulated report covering quarter two and advised it was introduced following implementation of the Junior Doctors new contract in 2016 when concern arose in relation to the impact on their working lives.</p> <p>Exception reports are received if Junior Doctors are working over and above their contracted hours, and if any educational opportunities are missed as a result of their work. For quarter two there were 25 exception reports which is a reduction on the previous quarter. There was also a new intake of Junior Doctors during the quarter and work is ongoing to ensure they are aware of their responsibilities and time commitment required.</p> <p>The majority of the exception reports relate to Junior Doctors in medical specialties which could be as a result of covering wards due to the pandemic. A system has now been implemented so shared senior medical cover is in place which it is expected will show an improvement in the exception reports produced.</p> <p>With agreement of the Junior Doctors palliative care remains non-compliant with regard to weekend working.</p> <p>There does seem to be an improvement in how Foundation Doctors get their self-directed learning time with very few reports coming through in this regard.</p> <p>SF commented two Junior Doctors have reported for the first time through Freedom to Speak Up and this is a positive in that they feel able to do this and they see this as another avenue for them to use.</p>	
<b>PA.11.21.13</b>	<b>Maternity Incentive Scheme – Safety Action 4</b>	
	<p>RS advised a requirement of satisfying the scheme is that a review of performance is submitted to a Board level committee. Safety Action 4 relates to the need to demonstrate an effective system of obstetric medical workforce and the planning required around that to achieve the required standard.</p> <p>RS said as of 1<sup>st</sup> November 2021 for the first time the obstetric and gynaecology on-call rotas for the Consultants have been split to overcome work pressures and location considerations. This has been achieved through additional resources and job planning means which should assist the ability to support clinical need as and when</p>	



	<p>required.</p> <p>During October 2021 to provide assurance around compliance with Safety Action 4 an audit was undertaken, of which only the Clinical Director and the Senior Obstetric Trainee undertaking the audit were aware. During the month there were 50 obstetric cases requiring to go to theatre overnight, with 100% of these being discussed with the Consultant on-call, and 24% needing a Consultant to attend in person which occurred in 28% of cases. Overall therefore a Consultant was present in all clinical situations when one should have been present apart from three exceptions. These exceptions were around forceps instrumental delivery and all were undertaken in discussion with Consultants by very Senior Obstetric trainees (ST7 and above) who had the necessary specific training and competence documented in their log books.</p> <p>Learning points from the audit include documenting any decision making conversations between trainees and Consultants, and that Consultants who do attend record this attendance in the patient notes. It was also flagged that if a second obstetric theatre needs to be opened out of hours this is seen as an immediate trigger for the Obstetric Consultant to attend even if the clinical situation in the theatre(s) would not normally require this.</p> <p>It is therefore felt the audit demonstrates good compliance and provides the necessary assurance with the Safety Action 4 standard of the Maternity Incentive Scheme. In addition to being escalated to the Board the audit results are also being shared at the Obstetric Policy and Safety Governance Meeting.</p>	
PA.11.21.14	<b>Vaccination as a Condition of Employment (VCOE) for all Healthcare Workers</b>	
	<p>PC referred to the already circulated letter and said the Code of Practice, national HR guidance and clarification of who specifically will be in scope are still awaited. In the meantime there is a large data challenge in terms of the information held on ESR which holds information regarding staff vaccinated on site compared to that held nationally which also includes those vaccinated elsewhere.</p> <p>A letter and telephone call process is currently being finalised and will commence shortly to contact all those staff where no record of their vaccination status is shown on ESR.</p> <p>Exploration is also being undertaken as to whether access can be gained to be national system directly.</p> <p>Vaccine capacity has been increased in terms of offering first and second vaccines on site, and a webinar is being held shortly for those staff who are hesitant around receiving the vaccine.</p> <p>RS commented that access to data could be highly significant due to the deadlines for staff to receive their vaccines and the vaccination of staff overall is a genuine cause for concern.</p>	

PA.11.21.15	<b>Staffing Assurance Framework for Winter 2021 Preparedness</b>	
	<p>KD referred to the circulated document and advised it recognises the nursing and midwifery staffing gaps we have going forwards. The Chief Nurse's team are in the process of completing and submitting the evidence for the Board Assurance Framework. KD proposes this is submitted to the Academy on a monthly basis as an ongoing assurance and action with any issues being flagged to the Executive Team Meetings or Board members in the interim. This was agreed and is to be added to the Work Plan.</p> <p>In terms of those actions to be performed KD advised the Trust already undertakes these and is therefore content all necessary work is being done and managed appropriately. She continued the Trust is in a relatively better place than could have been the case as traditionally nursing and midwifery vacancy rates have been below the national average. Our status however has been compounded due to sickness levels, retention of staff, and the number of additional posts now agreed. There will therefore become a significant gap between staff in post and establishment however this is elevated due to the increase in numbers of the establishment.</p> <p>In terms of mitigation KD said on a daily basis a matron and a Band 7 staff member dedicated to staffing are in place in the Command Centre from 7am to 9pm, at which time the Command Centre then takes over the role overnight. The electronic roster system is also used to look at skills mix and identifies any gaps in staffing and is linked to the acuity of the patients which also provides a rationale for people to be moved.</p> <p>We are currently working within our safe staffing levels rather than optimal and planned staffing levels, however wards always have two registered nurses.</p> <p>The matrons and senior nurses also use a WhatsApp group to discuss staffing issues. KD confirmed she has continual oversight of staffing, and it is discussed at operational Gold and Silver meetings, Committees and Board.</p> <p>KD also explained work going on in the background in relation to new roles, apprenticeships and pathways being developed to further nursing staff careers, and in conjunction with LF recruitment initiatives and events are underway. Plans are also in place to recruit a further tranche of overseas nurses.</p>	<p>Executive Assistant PA21041</p>
PA.11.21.16	<b>People Academy Work Plan 2022</b>	
	<p>Following a question from KW, PC confirmed civility needs to be added to the Work Plan. LP highlighted the Health, Safety and Resilience Committee will now report through to the People Academy and their reports will therefore also be added.</p> <p>Following a suggestion from PC it was agreed to keep the Work Plan under review.</p>	
PA.11.21.17	<b>Any Other Business</b>	
	<p>There was no other business to discuss.</p>	

<b>PA.11.21.18</b>	<b>Matters to Share with Other Academies</b>	
	<p>It was agreed KD will share an update in relation to staff vaccines and the theatre maternity risk with the Quality Academy.</p> <p>LP advised Freedom to Speak Up is on the Quality Academy agenda for information.</p>	<p>Chief Nurse PA21042</p>
<b>PA.11.21.19</b>	<b>Matters to Escalate to the Board of Directors</b>	
	<p>There were no matters to escalate to the Board of Directors.</p> <p>The review of the Trust's performance against the required standard for Safety Action 4 of the Maternity Incentive Scheme is to be submitted to the Board for information.</p>	<p>Chief Medical Officer PA21043</p>
<b>PA.11.21.20</b>	<b>Date and Time of Next Meeting</b>	
	26 <sup>th</sup> January 2022, 1100–1300	

**ACTIONS FROM PEOPLE ACADEMY – 24<sup>th</sup> November 2021**

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
PA21038	24/11/2021	<b>PA.11.21.5</b>	<b>Civility in the Workplace</b> KW suggested regular updates on the work being done regarding civility in the workplace are provided to the Academy going forward, and it was agreed this would be added to the Work Plan.	Head of Organisational Development	23/02/2022	LP added to Work Plan. <b>Complete</b>
PA21039	24/11/2021	<b>PA.11.21.10</b>	<b>Workforce Report</b> RS asked if it is possible to look at the sickness data in-house with the Estate & Facilities staff removed to see how/if this changes the results and LF confirmed this can be looked into.	Assistant Director of HR	23/02/2022	Update to be provided on 23 February 2022.
PA21040	24/11/2021	<b>PA.11.21.10</b>	<b>Workforce Report</b> KW asked for further information to be provided at the January 2022 meeting in relation to sickness absence and health and wellbeing activities being put in place.	Deputy Director of HR / Assistant Director of HR	26/01/2022	Due to streamlined agenda and attendees PC to provide verbal update to People Academy on 26/01/2022. <b>Complete</b>

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PA21041	24/11/2021	<b>PA.11.21.15</b>	<b>Staffing Assurance Framework for Winter 2021 Preparedness</b> KD referred to the circulated document and advised it recognises the nursing and midwifery staffing gaps we have going forwards. The Chief Nurse's team are in the process of completing and submitting the evidence for the Board Assurance Framework. KD proposes this is submitted to the Academy on a monthly basis as an ongoing assurance and action with any issues being flagged to the Executive Team Meetings or Board members in the interim. This was agreed and is to be added to the Work Plan.	Chief Nurse	26/01/2022	LAP added to Work Plan. Verbal update to be provided to People Academy on 26/01/2022. <b>Update provided – Complete</b>
PA21042	24/11/2021	<b>PA.11.21.18</b>	<b>Matters to Share with Other Academies</b> It was agreed KD will share an update in relation to staff vaccines and the theatre maternity risk with the Quality Academy.	Chief Nurse	24/11/2021	<b>Update provided – Complete</b>
PA21043	24/11/2021	<b>PA.11.21.19</b>	<b>Matters to Escalate to the Board of Directors</b> The review of the Trust's performance against the required standard for Safety Action 4 of the Maternity Incentive Scheme is to be submitted to the Board for information.	Chief Medical Officer	20/01/2022	Report submitted to Board Meeting 20/01/2022 for information. <b>Complete</b>

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
PA21044	24/11/2021	<b>PA.11.21.19</b>	<b>Matters to Escalate to the Board of Directors</b> The implications of the Vaccination as a Condition of Employment (VCOE) for all Healthcare Workers item to be discussed at the Quality and Patient Safety Academy.	Associate Director of Corporate Governance/Board Secretary	26/01/2022	Action taken from People Academy Chair's Report. Verbal updates to be provided at streamlined Quality and Patient Safety Academy on 26/01/2022. <b>Complete</b>
PA21045	24/11/2021	<b>PA.11.21.19</b>	<b>Matters to Escalate to the Board of Directors</b> The Freedom to Speak Up Quarterly Report would be received at the November 2021 Quality and Patient Safety Academy.	Associate Director of Corporate Governance/Board Secretary	24/11/2021	Action taken from People Academy Chair's Report. Report submitted to Quality and Patient Safety Academy on 24/11/2021. <b>Complete</b>
PA21046	24/11/2021	<b>PA.11.21.19</b>	<b>Matters to Escalate to the Board of Directors</b> The risk related to delays in maternity theatres due to the lack of a second resident ODP within maternity theatres would be reported to the Quality and Patient Safety Academy.	Associate Director of Corporate Governance/Board Secretary	26/01/2022	Action taken from People Academy Chair's Report. Update to be provided at streamlined Quality and Patient Safety Academy on 26/01/2022. <b>Complete</b>