Bradford Teaching Hospitals
NHS Foundation Trust

PEOPLE ACADEMY BRIEFING MEETING MINUTES

Date:	26th January 2022	**Time:**	1100 - 1200
Venue:	Microsoft Teams meeting	**Chair:**	Karen Walker, Non-Executive Director
Present:	**Non-Executive Directors:** - Mr Jon Prashar, Deputy Chair & Non-Executive Director (JP) - Mr Altaf Sadique, Non-Executive Director (ASa) - Ms Sughra Nazir, Non-Executive Director (SN) **Executive Directors:** - Ms Pat Campbell, Director of Human Resources (PC) - Ms Karen Dawber, Chief Nurse (KD) - Mr Faeem Lal, Deputy Director of HR (FL) - Ms Jacqui Maurice, Head of Corporate Governance (JM) - Ms Joanne Hilton, Assistant Chief Nurse (JH) (for agenda item PA.1.22.6) - Ms Laura Parsons, Associate Director of Corporate Governance/Board Secretary (LP)		
In Attendance:	- Ms Linda Preston, Executive Assistant (LAP) (minutes)		

Agenda Ref	Agenda Item	Actions
PA.1.22.1	**Apologies for Absence**	
	There were no apologies to note.	
PA.1.22.2	**Declarations of Interest**	
	There were no interests declared.	
PA.1.22.3	**Staff Sickness Absence**	
	PC shared a presentation covering the following. The graph regarding Covid related staff absence shows peaks in March 2020, November 2020 and December 2021, and shows the Covid absences throughout the pandemic. The most recent peak whilst not as high as the first one, is taking longer to subside with no consistent drop in the last four weeks. The figure for Covid absences on 25th January 2022 was 232 out of 572 staff sickness episodes. The effect of children testing positive for Covid is also impacting on carers' leave and the available workforce. The year to date rolling absence shows sickness absence has remained above 6%. This figure stood at 5% in 2019 and therefore represents a step change in terms of the absence profile. The trend in terms of long-term sickness absence, which is classed as absence over 28 days, is reducing slowly. A steady increase however is evident in short-term sickness with a large rise being seen in November/December 2021. Reasons for this include the impact of changes in short-term sickness	

	management as a result of the pandemic. There has been a pause of employee relations work including the management of sickness absence, with managers now going through a catch up process as they have not had the time and capacity to devote to it during the Covid peaks. The majority of Covid absences are less than 28 days and therefore these are also included in the short-term sickness absence figures. The recent change in self-certification requirements where a fit note is not required for any sickness until 28 days' absence instead of seven days has also had an impact on the figures. FL added this is being mirrored in other organisations. KW asked if managers are spending more time supporting staff who are at work, and managing demand and workflow, rather than management of those off sick. FL said managers are devoting time where possible to a combination of both, but added some staff have not experienced continuity of management due to being redeployed to other areas during the pandemic, which has also had an impact. KD commented that more recently staff have needed to be moved in order to cover gaps, whereas at the start of the pandemic services were temporarily closed down and staff were redeployed into other areas resulting in changes in management structures. In addition there has also been sickness within the managers group and areas such as HR support roles due to Covid, and therefore the resources have not always been available to undertake for example duties done by ward clerks etc, or do the necessary processes involved when staff move. PC continued in relation to the reasons for absence, the highest reason for absence is anxiety/stress/depression/other psychiatric mental health illnesses, which has been the case for a number of years and is consistent with other Trusts. The next ranking reason at 16% is absence as a result of an infectious disease, which is how Covid is recorded in the ESR system. The third reason at 11% relates to other known causes. Increased/longer absence periods are also becoming evident for staff who are awaiting medical interventions or surgery. Whilst historically there has been a fast-track procedure for staff, this is difficult to utilise at the present time in terms of recovery plans, elective surgery etc. The highest monthly sickness rates were seen in the Healthcare Assistants (HCAs) group, although the registered nurses group also had very high sickness in December 2021 at 8%. This is covered in the staffing risk. There are also gaps in the workforce for other reasons such as maternity leave, which those absences currently standing at around 130 staff. Some of these absences will be fully/partially covered; however there are some with no cover in place which also has an impact. There are a number of staff absent on carers' leave and this can often be at short notice and can also cause issues. KW questioned why there is a higher rate of absences in the HCAs group. PC commented that this is for a number of reasons such as	

	age profile, the demanding nature of the work, and some of this group of staff themselves have a number of pre-existing health conditions. SN questioned if there is active monitoring of the numbers of hours worked by HCAs prior to going on sick leave and those currently at work. PC said matrons are provided with monthly reports in terms of hours of work to ensure compliance with Working Time Regulations. It is evident from these reports that some HCAs do take up considerable additional shifts through the staff bank, and it remains a challenge to cover staffing gaps whilst simultaneously considering their health and wellbeing and ensuring staff do not work continuously without a break. It is encouraged to use the return to work interviews to discuss the need not to take on additional shifts resulting in further sickness, and analysis will be done to ascertain if these conversations do take place within the HCA staff group.	Deputy Director of HR PA21047
PA.1.22.4	**Looking After Our People**	
	PC mentioned this is a key strand of the NHS People Plan and the Trust's key people priority, and in addition to reducing staff sickness absences, focusses on retaining staff in the workplace and ensuring staff have the best experience possible whilst at work. PC advised a key priority for the HR team over the summer will be to review the Trust's Management of Attendance Policy. This needs to determine if the management of short-term sickness absence based on the Bradford factor is still the most appropriate means to manage such absence, without imposing a greater admin burden on managers. PC also stated that the flu campaign has not been as successful as hoped this year, with current uptake at 50% against a regional uptake of 55%, which is lower than the previous year across the board. There has been reluctance from staff to take up the offer of the flu vaccine even though it has been possible to receive it at the same time as the Covid vaccine. KW asked if any feedback has been received around staff reluctance to take up the flu vaccine and PC said and KD agreed it seems people do not see flu as being an issue at the present time, and are perhaps prioritising the vaccinations they feel are the most important. KD expanded to say that as the national focus has been to collect data on the Covid vaccine uptake, data has not been collected this year in relation to staff who have received their flu vaccine elsewhere. Following a question from SN regarding if there are any patterns and trends around staff not accessing wellbeing/mental help resources, PC said there are a number of options available to staff such as the West Yorkshire Health and Wellbeing Hub. This was set up approximately 12 months ago and has so far received around 325 referrals. Of these 17% were from Bradford, compared to 51% from Leeds. The majority of the referrals were made through the helpline service or self-referral. PC also mentioned the counselling service provided through the Employee Assistance Programme which primarily is through self-referral and a good number of staff do access the service. The	

	Occupational Health team has now been expanded and has a much more multi-disciplinary focussed approach with the recruitment of an Occupational Therapist who takes stress referrals, a Psychologist and a CBT Therapist. Psychological support is also available through the psychology department and this is primarily done on the basis of Outreach services. PC also referenced a report produced by the Improvement Academy titled 'Beyond Demoralised' and proposes this is included on the agenda for the February People Academy. The report looks at how staff feel and how we can develop our wellbeing offering to staff going forwards through Thrive in terms of what is offered to staff and what staff would value.	
PA.1.22.5	**Vaccine as a Condition of Deployment (VCOD)**	
	PC reiterated the requirement of the regulations with effect from 1st April 2022 and the roles considered 'in scope'. She said the focus of work at present is to ensure staff who have not yet received their first vaccine dose receive this before 3rd February 2022. Work will also begin with effect from week commencing 31st January 2022 in relation to staff who have not received their second vaccine after a gap of eight weeks or more since receiving the first dose. Data challenges continue throughout the NHS, and the most recent national data received suggests 95% of staff have had a first vaccine which is an increase of 2% on the previous national report. In relation to our Trust 91% have currently had their second vaccine which is also a 2% increase. This translates into approximately 450 substantive staff in the Trust who were either unvaccinated or their vaccination status is unknown, however there has recently been a small increase in staff uptake of the vaccine. Some staff are declining the offer of the vaccination and this is being formally recorded as a decline. Work is being undertaken to identify areas of risk where it is believed there are a high proportion of unvaccinated staff in any particular service area or staff group. One of the main areas of risk at present is radiology with a high proportion of unvaccinated staff across all modalities within that group. PC continued that VCOD is currently being managed on a day by day basis and a clearer position will be available on 31st January 2022 in relation to the figure of 450 staff who have not had a first vaccine mentioned above.	
PA.1.22.6	**Staffing Assurance Framework for Winter 2021 Preparedness**	
	By way of an overview KD advised a paper has been issued by NHS England similar to the Infection Prevention Control Board Assurance Framework, which is a way of co-ordinating some national asks and guidance around nurse staffing and redeployment of staff to ensure the correct processes are in place and being followed. The latest document is currently being worked through, the risk in relation to staffing has been reviewed, and the risk assessment re-done using key information from the Board Assurance Framework. As expected the risk is still scored at 20, and the mitigation in place	

	has been reiterated as this changes on an hourly/weekly/monthly basis. KD went on to say there are currently two risks on the Risk Register around nurse staffing with one relating to the impact on the staff, and the other relating to the impact on the patients in terms of patient safety. Both these risks are now being closed down with a new separate risk being added to the Risk Register reflecting the revised mitigation and risk assessment, and this will link into the Board Assurance Framework. JH joined the meeting and explained the NHS England paper is broken down into four areas: planning, structure, process and governance. The senior nurses have met as a group with colleagues across the Trust including risk and governance colleagues to ensure a full refresh can be done of all the documents supporting safe staffing, and to share this with in-hours and out-of-hours colleagues. Daily staffing huddles chaired by a Deputy Associate Director of Nursing continue three times per day and are also held out-of-hours ensuring up to date decisions are made with the staff available and any issues are identified. Assessments are continually undertaken on the acuity of the patients to ensure staff are deployed to the most appropriate areas. In addition to the registered nursing workforce the redeployment hub also provides support in the clinical areas. Oversight and governance is provided externally via engagement meetings with the CQC, and system quality oversight meetings including input from the clinical specialties and critical care and neonatal unit networks. Oversight is also provided via the bronze, silver and gold tactical meetings and the Clinical Reference Group, with discussions around nurse staffing and the response to Covid which is then linked to medical staffing. The quality and safety tool in place is utilised too to provide assurance of the up to date position, and to understand any areas of risk which have not become evident via the other channels. During the last month the senior nursing support available has been increased to provide assurance and mitigation required in relation to any risk areas. They are also able to give feedback in relation to how staff are feeling with the current pressures in the clinical areas. The nursing staff are aware of the principles being applied around how staff are deployed, and the support given to the flexible workforce in the clinical areas with continuous monitoring taking place. The recommendations in the NHS England paper are being worked through with good assurance that everything expected of us is being done in the four categories mentioned, and decision making tools and escalation frameworks provided. KD continued the Trust needs to be aware of our current risks and that they are being mitigated as much as possible. At the present time daily shuffles of staff take place and recruitment is underway	

	into the current vacancies which include the additional posts created towards the end of 2021. We are currently running with the bare minimum of staff to provide safe care across most areas such as the general medical and surgical wards, with only two registered nurses supported by two/three/four HCAs, compared to a normal quota of four registered nurses supported by three/four HCAs. However the best staffing levels within intensive care are maintained to meet the clear standards set for ICU. Three registered nurses are being shared across two wards at St Luke's, and the smaller bed base wards at BRI are also being run with one registrant. Upon reviewing the quality of care provided it became evident there was an increase in grade two pressure ulcers in December 2021. There was also a rise in the number of falls on the care of the elderly wards, though the physical environment of the wards has contributed to this due to them being relocated to wards not designed for this cohort of patients. Increases are not being seen however in falls with harm eg those resulting in a bleed on the brain or fractured hips. The experience of care felt by patients and their families, such as nurses spending time talking to patients and answering telephone calls from relatives in a timely manner, is not at a desired level as a result of a need to ensure safe care is given. Length of stay for some patients is also increasing particularly on the Covid red wards, where those with the Omicron variant have relatively mild symptoms but are in-patients because of a general surgical problem. They therefore need to remain on a Covid ward to lower the spread of infection which results in a reduction in the continuity of care for them. Work has therefore commenced to look more in-depth into this issue and attempt to create more continuity of care. Other safeguarding measures required include ensuring an existing senior leader is available whenever a ward is escalated. Redeployment of non-clinical staff is also taking place at the present time so they can spend time talking to patients etc which has been very successful. SN asked in order to try and mitigate risks, is there access to additional equipment, such as telecare and profiling mattresses etc and KD confirmed this to be the case. KW asked if the NEDs are able to provide any further assistance. KD advised any help in a voluntary capacity is always gratefully received, and it would be beneficial for the NEDs to have more exposure as how the hospital is currently operating. It was agreed KW and KD would discuss this further outside of the meeting. ASa asked, assuming it is not possible to recruit for example radiologists to fill any gaps left by unvaccinated staff as a result of VCOD, is there anything which can be done to bring in emergency resources to disciplines even if they are working remotely? KD advised the operational teams are currently looking into services which may be at risk, what would be the impact, and what potential mitigation can be put in place. Radiology covering all modalities is	Chair / Chief Nurse PA21048

	currently identified as a possible area of concern, and in particular the radiographers, and this is mirrored across other Trusts in West Yorkshire. Work is being done to determine which areas they work in, however radiology historically is a challenging area to recruit into. PC added part of the mitigation is over-recruitment of university graduates in radiography, and assurance has been provided that a number of long-term agency staff within radiography are vaccinated. ASa also commented that in light of the difficulties around re-deploying and people's expectations, it may be worth looking at being more flexible with pay grades, salary rules and HR rules to enable staff to be held on their current pay grade until an alternative role is found for them. PC stated that due to the nature of the regulations, the ability to redeploy staff is very limited. In line with national guidance, Covid redeployment has to be treated differently to those requiring redeployment through a change management process or through capability, who have be given priority over those choosing not to be vaccinated. Where roles can be adjusted so they become out of scope this will be undertaken on a case by case basis. There will be a limited number of roles that staff who remain unvaccinated can apply for which will be via a central process currently being agreed with staff side. FL added the limited out of scope roles generally require specific skillsets/qualifications, and redeployed staff need to possess these already as there will not be opportunities for these to be obtained in order to perform the roles. Staff who move to new roles also need to be paid in line with colleagues already performing similar roles and who may be more qualified and experienced, for example it would not be possible for a Band 7 member of staff to move to a Band 2 role but retain their same level of pay.	
PA.1.22.7	**High Level Risks Relevant to the Academy**	
	PC notified the Academy there is a new extreme risk with a likelihood of 5 and consequence of 4 around the impact of losing staff due to the VCOD regulations. This risk will be included on the next report. In relation to VCOD the other staff group which is a risk is Facilities staff across domestic services, ward hospitality, security and potering. This group at present appears to be the most resistant to taking up the vaccine and a number of bespoke engagement sessions with them have been undertaken.	
PA.1.22.8	**Any Other Business**	
	There was no other business to discuss.	
PA.1.22.9	**Matters to Share with Other Academies**	
	KD asked that in the reports the updates in relation to safe staffing are clear and the risks to the quality of care, in particular patient experience being impacted.	Associate Director of Corporate Governance / Board Secretary PA21049
PA.1.22.10	**Matters to Escalate to the Board of Directors**	
	KD asked that in the reports the updates in relation to safe staffing are clear and the risks to the quality of care, in particular patient experience being impacted.	Associate Director of Corporate Governance / Board Secretary PA21050

PA.1.22.21	**Date and Time of Next Meeting**	
	23rd February 2022, 1100–1300	

ACTIONS FROM PEOPLE ACADEMY – 24th November 2021 and 26th January 2022

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
PA21038	24/11/2021	**PA.11.21.5**	**Civility in the Workplace** 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. **Complete**
PA21039	24/11/2021	**PA.11.21.10**	**Workforce Report** 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	**PA.11.21.10**	**Workforce Report** 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. **Complete**

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
PA21041	24/11/2021	**PA.11.21.15**	**Staffing Assurance Framework for Winter 2021 Preparedness** 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. **Update provided – Complete**
PA21042	24/11/2021	**PA.11.21.18**	**Matters to Share with Other Academies** 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	**Update provided – Complete**
PA21043	24/11/2021	**PA.11.21.19**	**Matters to Escalate to the Board of Directors** 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. **Complete**

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
PA21044	24/11/2021	**PA.11.21.19**	**Matters to Escalate to the Board of Directors** 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. **Complete**
PA21045	24/11/2021	**PA.11.21.19**	**Matters to Escalate to the Board of Directors** 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. **Complete**
PA21046	24/11/2021	**PA.11.21.19**	**Matters to Escalate to the Board of Directors** 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. **Complete**
PA21047	26/01/2022	**PA.1.22.3**	**Staff Sickness Absence** It is encouraged to use the return to work interviews to discuss the need not to take on additional shifts resulting in further sickness, and analysis will be done to ascertain if these conversations do take place within the HCA staff group.	Deputy Director of HR	23/02/2022	

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
PA21048	26/01/2022	**PA.1.22.6**	**Staffing Assurance Framework for Winter 2021 Preparedness** KW asked if the NEDs are able to provide any further assistance. KD advised any help in a voluntary capacity is always gratefully received, and it would be beneficial for the NEDs to have more exposure as how the hospital is currently operating. It was agreed KW and KD would discuss this further outside of the meeting.	Chief Nurse	23/02/2022	
PA21049	26/01/2022	**PA.1.22.9**	**Matters to Share with Other Academies** KD asked that in the reports the updates in relation to safe staffing are clear and the risks to the quality of care, in particular patient experience being impacted.	Chief Nurse	23/02/2022	
PA21050	26/01/2022	**PA.1.22.10**	**Matters to Escalate to the Board of Directors** KD asked that in the reports the updates in relation to safe staffing are clear and the risks to the quality of care, in particular patient experience being impacted.	Chief Nurse	10/03/2022	