

## PEOPLE ACADEMY MINUTES

<b>Date:</b>	23 <sup>rd</sup> February 2022	<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> <li>- Ms Sughra Nazir, Non-Executive Director (SN)</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>- Ms Amanda Grice, Workplace &amp; Health Well-being Centre Manager (AG)</li> <li>- Mr David Smith, Director Of Pharmacy (DS)</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 Falkingham, Senior Organisational Development Manager (LFa)</li> <li>- Ms Lisa Fletcher, Assistant Director of HR (LF)</li> </ul>		
<b>Observing</b>	<ul style="list-style-type: none"> <li>- Ms Francesca Marney, HR Graduate Management Trainee (FM)</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.2.22.1	<b>Apologies for Absence</b>	
	<ul style="list-style-type: none"> <li>- Mr Amandeep Singh, Partnership Lead/BAME Staff Network Representative (AS)</li> <li>- Ms Catherine Shutt, Head of Organisational Development (CS)</li> <li>- Mr David Hollings, Deputy Chief Digital and Information Officer (DH)</li> <li>- Mr Faeem Lal, Deputy Director of HR (FL)</li> <li>- Ms Louise Robinson, Enable Staff Network Representative (LR)</li> <li>- Ms Nasaybah Bibi, Enable Staff network Chair (NB)</li> </ul> <p>Absent</p> <ul style="list-style-type: none"> <li>- Mr Alex Brown, Deputy Chief Medical Officer (AB)</li> <li>- Ms Amanda Hudson, Head of Education (AH)</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 Rachel Waddington, Deputy Director of Operations (RW)</li> </ul>	

PA.2.22.2	<b>Declarations of Interest</b>	
	There were no interests declared.	
PA.2.22.3	<b>Draft Minutes of the Meeting Held on 24<sup>th</sup> November 2021 and Briefing Meeting Held on 26<sup>th</sup> January 2022</b>	
	The minutes of the meeting held on 24 <sup>th</sup> November 2021 and the briefing meeting held on 26 <sup>th</sup> January 2022 were approved as an accurate record of the meetings.	
PA.2.22.4	<b>Matters Arising</b>	
	There were no matters arising to discuss.	
PA.2.22.5	<b>People Academy Dashboard</b>	
	<p>PC advised updated data had been issued immediately prior to the meeting, however further work is required on the metrics and narrative on the Dashboard and a session is to be held with Business Intelligence to review going forwards. The January metrics reflect the difficulties faced by the Trust and the cumulative impact of pressure over the last year.</p> <p>PC highlighted the following:</p> <ul style="list-style-type: none"> <li>Engagement and staffing have been ranked as amber as a result of performance around appraisal and staff turnover.</li> <li>Appraisal rates for non-medical staff have reduced slightly from the December position as there was a pause in January due to the operational pressures as a result of the pandemic. Managers have now been asked to restart appraisals and be given priority where possible, and rates are being monitored via the Exec to CBU meetings.</li> <li>Medical appraisals were also paused in January 2022 however they are largely on track. RS added due to the pause, there will be some appraisals not completed within the appraisal year and these will be recorded as approved-missed appraisals. Good oversight is in place of those outstanding. The GMC and NHS England are aware of the position and understand the reasoning behind it. SN commented that appraisal performance in general was positive given the context of the pandemic at this time.</li> <li>In relation to refresher/mandatory training the target was met however there was a dip in compliance in October 2021. The reasons for this include the January pause and the redeployment of staff to other departments. Again a plan is in place to monitor and review performance at CBU staff level and via the Exec to CBU meetings. The information provided to the Academy to ensure assurance around compliance in this area will also be reviewed.</li> </ul> <p>SN asked what risk mitigation is in place in relation to training around patient safety. RS advised risk assessments have been done throughout the pandemic and agreed at Exec and Board level in relation to which aspects of mandatory training were felt safe and reasonable to pause, and which were essential to continue. Self-declaration of competence by experience has also</p>	

	<p>been permitted. Good data is available on trajectories, and therefore month by month predicted levels of competence as a percentage of all staff required to do any particular modules are visible. Mandatory training has now largely re-started and the Mandatory Training Policy has also recently been updated. KD mentioned the discussions recently held at the Moving to Outstanding meeting around CQC compliance, and it was agreed RS is to update the Academy on the step-by-step decision making process in relation to recovery. SN reiterated the importance of having risk mitigation and rationale in place to explain, justify and evidence the Trust's position to the regulator.</p> <ul style="list-style-type: none"> <li>• In relation to the staffing metrics, agency and bank staff as a percentage of total workforce is a metric used by NHSE/I and finance, however consideration is being given to showing fill rate data going forwards which may be more meaningful.</li> <li>• Staff turnover continues to increase but at a smaller rate than in previous months and retention of staff is a focus of the Exec to CBU meetings. SN queried if there is any benchmarking data available in relation to this and if any trends are being seen. PC said from an acute Trust perspective the increase is being seen by all Trusts especially in those aged 55+ who are choosing flexible/early retirement. In relation to benchmarking from a WYAAT viewpoint, we are consistent with other Trusts and data on this will be included in the dashboard going forwards.</li> <li>• Apprentice starts now stands at 295 staff on an apprenticeship programme within the Trust across all areas. SN noted this is very positive in the current climate.</li> <li>• Equality and Diversity metrics will be updated in May 2022 and at that time will also include a new metric on disability declaration as per the WRES action plan.</li> <li>• The rating for Health and Wellbeing has been changed to red due to our sickness absence performance and flu delivery. The year to date absence rate is 6.6%, however the monthly sickness absence in January was 9.69%. Covid sickness saw a large increase from 1.2% to 4.2%. These figures are in line when benchmarked with other Trusts in the local Place.</li> </ul> <p>A decrease in Covid absence has been seen so far in February, and a smaller decrease has been evident in non-Covid absence.</p> <ul style="list-style-type: none"> <li>• Similar to most other local Trusts, take-up of the flu vaccination this year has dropped and currently stands at 53% compared to 82% at the same time last year. The average for the North East and Humber is around 54%. The Covid vaccination has been given a higher priority than the flu vaccination this year.</li> </ul> <p>JP asked if there are plans for further proactivity in relation to flu vaccinations and AG said clinics have been opened for staff to attend without requiring an appointment. AG added it is likely staff are receiving their flu vaccines in the community but not reporting this back to the Trust, and the need for this is being</p>	<p>Chief Medical Officer PA22007</p>
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	<p>reiterated in communications issued so staff records can be updated accordingly. She is open to suggestions for increasing take-up in addition to the mobile and pop-up clinics.</p> <p>JP also questioned if the recent Government relaxation of Covid restrictions will affect the Covid figures and volume of testing undertaken. PC said this is difficult to predict at present and we are still awaiting guidance in terms of the impact of these changes for health and care staff, however it is anticipated the current guidance in relation to self-isolation and mask wearing will continue to apply until at least the end of March 2022. Social distancing requirements will be relaxed over the next few weeks and staff are being encouraged to return to onsite working.</p> <p>RS added there will likely be an increase in the prevalence in the short-term of the Omicron variant in the community once there is a lack of free access to testing, however there is also greater immunity borne out of the infections which have already occurred. SN noted the social care sector are reviewing staff access to tests and how supply and stock is managed to ensure they are used by staff.</p>	
PA.2.22.6	<b>High Level Risks Relevant to the Academy</b>	
	<p>PC referred to the paper circulated and advised:</p> <ul style="list-style-type: none"> <li>• A new risk number 3725 in relation to VCOD had been accepted by ETM. The risk remains open at present as the VCOD legislation is currently still in place.</li> <li>• ETM agreed a new high level risk, number 3630, around staffing shortages in the children's community team.</li> <li>• ETM agreed to the closure of the VCOD risk in relation to Estates &amp; Facilities as that has been addressed in the overarching VCOD risk.</li> <li>• ETM agreed the nurse staffing risks around staffing levels would be rationalised as they relate to the same risks.</li> <li>• Risk 3720 around staffing pressures in children's services due to the Omicron variant has been closed as this is addressed by the wider nurse staffing risks already on the risk register.</li> <li>• Risk 3204 concerning the impact on patients was closed and replaced with risk 3732.</li> </ul> <p>KD then provided further information regarding the children's community and nurse staffing risks. She also outlined how risks are now looked at in terms of those rated 15 and above and that they all now have an Exec lead overseeing them.</p>	
PA.2.22.7	<b>Staffing Assurance Framework for Winter 2021 Preparedness / Workforce Board Assurance Framework</b>	
	<p>KD provided further information in addition to that provided in the circulated papers. She advised the Board Assurance Framework for staffing is similar to the document issued at the start of the pandemic</p>	

	<p>by NHSE/I in relation to infection control, and has now been populated with no significant gaps evident. Further detail will be included such as Board Meeting dates of when decisions are made.</p> <p>The Committee approved the documents and agreed the Board Assurance Framework for staffing should be populated going forward and provided to the People Academy on a monthly basis and to the Board of Directors meetings.</p>	
<b>PA.2.22.8</b>	<b>Nursing Recruitment and Retention Plan</b>	
	<p>KD referred to the circulated documentation which provides an insight into the proposed work. She discussed the Just R recruitment drive and retention of staff campaigns and what these initiatives entail. PC added the Trust has been successful in obtaining funding for a 12 month People Promise Manager post and have been classed as a People Promise Exemplar site. This is an improvement cycle approach in terms of implementing interventions against each strand of the People Promise, and what impact this has on the retention of the workforce. Regular updates will be provided to the Academy in this regard.</p> <p>ASa mentioned partnerships being made by a local Trust and University with groups overseas in relation to the difficulties around recruitment and the pushing back of training frameworks into region, and asked if this was something which the Trust could consider. KD advised discussions began pre-pandemic with the University of Bradford in this regard and into making links with Pakistan. These discussions have now re-started with the University and we are also looking into qualifications obtained and if any further training is required via for example apprenticeships and secondments. It was agreed for KD and ASa to have a discussion outside of the meeting in relation to the University to which he referred. KD then described other initiatives currently underway such as Trainee Nursing Associates.</p> <p>In relation to overseas recruitment KD advised this has gone well with a commission in 2021 for 50 nurses at a cost of approximately £13,500 per person of which NHSE/I would pay £10,000. There are currently 35 of these nurses with us who are settling in well and good feedback has been received. Work continues to look at any areas where improvements can be made. KD continued to say agreement has been given for an additional 50 overseas nurses to be commissioned, however the Trust will now meet the larger share of the costs but this will be offset by savings made in using less agency staff. KD also confirmed recruitment is done from recommended countries on the framework.</p>	
<b>PA.2.22.9</b>	<b>Freedom to Speak Up Quarter 3 Report</b>	
	<p>Referencing the circulated documentation KD mentioned Yorkshire Audit have looked at the services and given significant assurance around them.</p> <p>The report also includes ethnicity data and whilst not displaying any major themes or trends, does show the concerns which have been received during the last quarter including those via the app. The app data also shows the number of log-ins in addition to the amount of</p>	

	<p>concerns being logged. It has been found people also use the app when they have unease regarding their anonymity being retained, though this can occasionally create limitations to the investigations able to be undertaken. Overall however it has been reported staff feel able to report concerns and feel protected when they do so.</p> <p>The benchmarking data from the National Guardians Office classes the Trust as medium sized and suggests we are benchmarking in line with our peers, though some do have significantly more Freedom to Speak Up incidences which could be due to staff there being more aware of the function. Marketing is undertaken within the Trust and nine Freedom to Speak Up Guardians/Associate Guardians have recently been recruited.</p> <p>With regard to the West Suffolk Review circulated KD commented that if repeated concerns are raised from the quarterly submissions to the National Guardians' Office, they undertake reviews of the relevant organisations which are then published. As a Trust the Reviews are then considered in conjunction with our internal audit function to determine if we experience similar issues and that the appropriate systems and processes in place. She confirmed assurance has been received from internal audit and the Guardians have monthly meetings to discuss the reports and any areas for learning/action.</p>	
<b>PA.2.22.10</b>	<b>Guardian of Safe Working Hours / Quarterly Report</b>	
	<p>RS referred to the circulated quarter three 2021 report as required by the 2016 Junior Doctors' contract, which entails reports by exception against extra hours worked or missed educational opportunities. As the pandemic has progressed not surprisingly there has been a slow but steady increase in the number of exception reports. Focus has shifted from the united Covid effort to business as usual, with a lower tolerance for work pattern compromise.</p> <p>For quarter two there were 25 exception reports and 91 for quarter three, however 87 of the 91 were hours related totalling 75.5 hours, meaning less than one extra hour worked per exception report. More than half of the exceptions reported were in Orthopaedics due to the core trainees who had worked overnight staying to attend the 8am trauma meetings, however this has now been rectified. There were no safety concerns in relation to any of the time issues.</p> <p>In terms of the missed educational opportunities there was a significant improvement, however the Junior Doctors feel there are more missing opportunities around self-directed learning time but these have not been escalated. It has been requested that these are escalated to enable remedial measures to be considered.</p> <p>The only non-compliant rota remains palliative care around weekend working patterns, which has been done with the agreement of the palliative care doctors as this supports their training in the best way.</p>	
<b>PA.2.22.11</b>	<b>2022/23 Planning Guidance</b>	
	<p>PC said from a workforce perspective the key areas fed into at place level to the overall ICS plan are: Looking After Our People, Improving Belonging, Working Differently, and Growing for the</p>	



	<p>Future.</p> <p>LF then advised the first draft of both the narrative and numeric plans are currently being prepared. Using the prescribed template the numeric plan covers staffing numbers for the next 12 months which includes sickness rates, turnover, current planned establishments and staff in post, with key staffing issues and the introduction of new roles highlighted. This is complemented by the narrative plan. The draft will be submitted in early March with the final submission due by the end of April 2022.</p>	
<b>PA.2.22.12</b>	<b>Policy for Supporting Medical Staff in Training</b>	
	<p>RS discussed the changes in the policy which is in place to provide clarity to trainers, clinicians and managers of the responsibilities around how individuals are supported in training, and the different levels of training.</p> <p>The Committee approved the policy.</p>	
<b>PA.2.22.13</b>	<b>Belonging Diversity Steering Group / Gender Pay Gap Report</b>	
	<p>KH referred to the circulated report on Gender Pay Gap and highlighted the following.</p> <ul style="list-style-type: none"> <li>Based on the six calculations the Trust is required to report data on: <ul style="list-style-type: none"> <li>The mean average pay gap has decreased by 2.73% (from 26.36% in March 2020 to 23.63% in March 2021). The median average pay gap has also decreased by 2.29% (from 9.16% in March 2020 to 6.87% in March 2021).</li> <li>The mean average bonus pay gap reduced by around 2.67% to 34.55%. The Median average bonus pay gap has stayed the same at 33.33%.</li> <li>Women continue to make up a significant proportion of the Trust's workforce at 77.23%.</li> <li>There has been a 1% increase of women in the upper quartile (higher paid) roles since March 2020.</li> <li>There was a 2% increase in women in medical and dental roles since March 2020.</li> <li>There was a 1% increase in men in admin and clerical and other roles such as nursing since March 2020.</li> </ul> </li> </ul> <p>There is a legal contractual obligation for this data to be reported to the Government Office by 30<sup>th</sup> March 2022.</p> <p>JP asked to what extent the improvement in the outlined areas portrays a tangible understanding and commitment to the benefits of having a better mix of gender at a senior level. KH explained the women in leadership ratio figure allows the Trust to focus on where there are gaps for aspiring female colleagues to fill.</p> <ul style="list-style-type: none"> <li>The Gender Equality Reference Group, chaired by PC continues to meet and is looking at a range of different areas and initiatives to improve gender equality. The Gender Equality Action Plan has also been updated in terms of the areas of focus over the</li> </ul>	

	<p>next 12 months such as talent management and leadership development.</p> <ul style="list-style-type: none"> <li>• Work is being undertaken with the University of Bradford in terms of the under-representation of men in nursing &amp; midwifery roles.</li> <li>• Further work is ongoing to develop a culture of flexible working in conjunction with other organisations within Place.</li> <li>• As part of International Women's Day on 8<sup>th</sup> March 2022, a 'Women in Senior Leadership Panel' will be held to provide colleagues with some of our senior female leaders' personal reflections on how they have navigated their careers.</li> </ul> <p>JP also asked if there is evidence that the improvements outlined are effecting a culture change. KH said they affect a number of different areas such as recruitment, what are the leadership and development opportunities which exist within the organisation, and generally around the representation of senior female leaders.</p> <p>PC added another key element is to encourage managers to think differently about how jobs can be undertaken eg part-time contracts or flexible individual working arrangements, as this still remains a challenge at the present time.</p>	
PA.2.22.14	<b>Looking After Our People – VCOD Update and Sickness Absence Update</b>	
	<p>PC stated the VCOD consultation closed on 16<sup>th</sup> February 2022 and the expectation is a Parliamentary vote will take place during week commencing 28<sup>th</sup> February 2022. Vaccinations are continuing to be encouraged and offered to staff, and the most recent data shows 96% of Trust staff have now received their first vaccine which brings us more in line with neighbouring Trusts. Due to the current impasse some recruitment is being delayed from a pre-employment health screening perspective for unvaccinated persons; this however only affects a small number.</p> <p>PC also said Covid sickness absence has reduced considerably with the current figure standing at 76 out of 400 absences. Stress, anxiety and mental health absences remain the most common reasons for absence. Focus is being made on ensuring return to work interviews take place with staff, support is given appropriately, and the formal stages of the policy are being adhered to. Whilst a decrease has been seen in long-term sickness, short-term sickness has increased.</p> <p>A formal wide-ranging review of the Health and Wellbeing Attendance Management Policy is to be undertaken in conjunction with staff side shortly. This will determine if the policy is appropriate and if the Bradford Factor approach to managing short-time absence is still the correct approach.</p> <p>Another impact on staff absence rates is that the terms and conditions around Covid absence remain unchanged. This means that all staff absent from work due to Covid remain on full pay for the entire duration of their sick leave. These staff are now however</p>	



	being more proactively managed in terms of preparing an eventual return to work or potential ill health retirement if they are not considered fit to return to work.	
<b>PA.2.22.15</b>	<b>Any Other Business</b>	
	PC advised the Staff Survey results are due on 24 <sup>th</sup> February 2022 under strict embargo until 30 <sup>th</sup> March 2022. They will be reviewed internally and a detailed presentation will be made to the Academy meeting on 30 <sup>th</sup> March 2022. KW suggested communications are issued to ensure staff are aware the length of the embargo is not a decision made by the Trust.	Head of Organisational Development PA22006
<b>PA.2.22.16</b>	<b>Matters to Share with Other Academies</b>	
	There were no matters to share with the other Academies.	
<b>PA.2.22.17</b>	<b>Matters to Escalate to the Board of Directors</b>	
	<ul style="list-style-type: none"> <li>PC stated the Trust's position in relation to flu vaccination performance in terms of the overall strategic context needs to be explained to the Board in the People Academy Chair's report.</li> <li>The risks in relation to staffing entered on the Risk Register to be highlighted to the Board in the People Academy Chair's report.</li> </ul>	Chair PA22005  Chair PA22006
<b>ChPA.2.22.18</b>	<b>Date and Time of Next Meeting</b>	
	30 <sup>th</sup> March 2022, 1100–1300	

### ACTIONS FROM PEOPLE ACADEMY – 23<sup>rd</sup> February 2022

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
PA22005	23/02/22	<b>PA.2.22.17</b>	<b>Matters to Escalate to the Board of Directors</b> PC stated the Trust's position in relation to flu vaccination performance in terms of the overall strategic context needs to be explained to the Board.	Chair	10/03/2022	Report provided to Board of Directors at their meeting on 10/03/2022. <b>Complete</b>
PA22006	23/02/22	<b>PA.2.22.17</b>	<b>Matters to Escalate to the Board of Directors</b> The risks in relation to staffing entered on the Risk Register to be highlighted to the Board.	Chair	10/03/2022	Report provided to Board of Directors at their meeting on 10/03/2022. <b>Complete</b>
PA22007	23/02/22	<b>PA.2.22.5</b>	<b>People Academy Dashboard</b> Mandatory training has now largely re-started and the Mandatory Training Policy has also recently been updated. KD mentioned the discussions recently held at the Moving to Outstanding meeting and it was agreed RS to update the Academy on the step-by-step decision making process in relation to recovery.	Chief Medical Officer	30/03/2022	Update to be provided at the meeting on 30/03/2022 by RS.
PA22008	23/02/22	<b>PA.2.22.15</b>	<b>Any Other Business</b> KW suggested communications are issued to ensure staff are aware the length of the embargo in relation to the Staff Survey results is not a decision made by the Trust.	Head of Organisational Development	30/03/2022	Communication to be included in global Wellbeing Wednesday email. <b>Complete</b>