

PEOPLE ACADEMY MINUTES

Date:	30 March 2022	Time:	11:30 – 13:00
Venue:	Microsoft Teams meeting	Chair:	Karen Walker, Non-Executive Director
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Ms Karen Walker, Non-Executive Director & Chair (KW) - Ms Sughra Nazir, Non-Executive Director (SN) <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 Amanda Grice, Workplace & Health Well-being Centre Manager (AG) - Mr David Smith, Director Of Pharmacy (DS) - 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 Laura Booth, Quality Lead, Patient Experience (LB) - Mr Faeem Lal, Deputy Director of HR (FL) - Ms Catherine Shutt, Head of Organisational Development (CS) - Ms Joanne Hilton, Assistant Chief Nurse (JH) - Ms Rachel Waddington, Deputy Director of Operations (RW) - Ms Amanda Hudson, Head of Education (AH) 		
Observing	<ul style="list-style-type: none"> - Ms Helen Wilson, Staff Governor (HW) 		
In Attendance:	<ul style="list-style-type: none"> - Dr Sam Wallis, Consultant Neonatologist (SW) for PA.3.22.12 		

Agenda Ref	Agenda Item	Actions
PA.3.22.1	Apologies for Absence	
	<ul style="list-style-type: none"> - Mr Altaf Sadique, Non-Executive Director (ASa) - Mr Jon Prashar, Deputy Chair & Non-Executive Director (JP) - Ms Karen Dawber, Chief Nurse (KD) - Mr David Hollings, Deputy Chief Digital and Information Officer (DH) - Ms Lisa Fletcher, Assistant Director of HR (LF) - Ms Nasaybah Bibi, Enable Staff network Chair (NB) <p>Absent</p> <ul style="list-style-type: none"> - Mr Alex Brown, Deputy Chief Medical Officer (AB) - Mr Chris Smith, Deputy Director of Finance (CS) - Mr Amandeep Singh, Partnership Lead/BAME Staff Network Representative (AS) - Ms Louise Robinson, Enable Staff Network Representative (LR) 	

PA.3.22.2	Declarations of Interest	
	There were no interests declared.	
PA.3.22.3	Draft Minutes of the Meeting Held on 23 February 2022	
	The minutes of the meeting held on 23 February were approved as an accurate record of the meeting.	
PA.3.22.4	Matters Arising	
	<p>The Chair referred to the action log appended to the minutes. The following updates were confirmed:-</p> <p>PA22007 – People academy dashboard – RS provided a verbal update and confirmed that the education team will provide a presentation to the April academy to which will include a comprehensive update the pandemic and progress to date – action to remain open</p> <p>PA22005 – Matters to escalate to the board - action closed PA22006 – Matters to escalate to the board – action closed PA22008 – Any other business – action closed</p>	
PA.3.22.5	Looking after our people	
	<p>FL provided an overview of the presentation tabled and highlighted the following key points:-</p> <p>Current position – The Looking After Our People group set up as a part of our response to the People Plan noted that the current position highlights an exhausted workforce across the whole of the NHS which has been through a couple of difficult years. A report was presented from the Improvement Academy which looked at 60 Trusts and interviewed staff from those trusts to glean their view on how it feels to work on the front line and what our priorities should be. The report highlights that there has been no time for staff to recover from the pandemic going straight into the recovery phase of working through waiting list backlogs.</p> <p>Sickness absence - levels are high throughout the NHS and our figures are significantly higher than they were pre-pandemic. A working group has been set up to look at how we look after our workforce. The membership of the meeting will need to be reviewed to extend the participation. The majority of the work of the group is informed by the staff survey and this will inform the priorities of the group moving forward. The Stress at Work Policy and the Wellbeing and Attendance Policy are both under review. From December to February our non Covid sickness rates have dropped but we are seeing an increase in Covid sickness during that period. The latest data (produced by Health Education England on 24.03.22) shows a better position with BTHFT sickness absence rate being lower than peers within WYAAT (West Yorkshire Association of Acute Trusts) and lower than Bradford District Care Trust for this period. It must be noted however that it is expected that sickness figures will continue to fluctuate.</p> <p>Wellbeing support – We have a whole host of support ongoing for staff and we will continue to focus and support staff. Staff have reported that some of the initiatives are not having the same desired</p>	

	<p>effect as they did earlier in the pandemic and alternative wellbeing support is required.</p> <p>Our approach - We remain focused on the Just Culture approach and work is ongoing in embedding civility and respect. The working carer's passport has been implemented and awareness continues to be raised. The next steps are to focus on the results of the staff survey and focussing on how we support staff to maintain their wellbeing and remain at work. Sickness will however remain a key challenge over the next 12 months.</p> <p>KW queried if there will be any impacts of long Covid included in the absence figures. FL confirmed that there are some long Covid sickness cases at the Trust. From an employer's perspective we have no clarity on the national position relating to Covid sick pay which is still full pay and there was some suggestion that this contributes to the increased sickness levels. There are no early indications that we will see higher rates of sickness in those colleagues who have recovered from long Covid. RS noted that long Covid isn't generally associated with the milder infections so the likelihood of this is quite unlikely. It was noted that increased sickness absence around anxiety, stress, depression and mental health conditions are the areas the Trust is focusing on going forward.</p> <p>Discussion took place around WYATT with Bradford previously being an outlier on sickness absence and if these were Covid related absences. It was noted that there isn't a huge variance within Trusts. Our cumulative sickness, both Covid and non Covid, is around 8% compared to our highest rate of 9.69%.</p> <p>On the positive side it was felt that the Covid burden was likely to reduce due to a number of factors including vaccines and the milder infection. Active recruitment is ongoing to increase the workforce to aid the elective restart pressures.</p> <p>JH sighted the Academy on the roll out of the PNA programme, a national nursing directive to have professional nurse advocates in place. BTHFT has 30 in training.</p> <p>The Academy noted the update</p>	
PA.3.22.6	Workplace Civility and Patient Experience Kindness update	
	<p>LB provided an overview of the presentation tabled which noted that the Embedding Kindness initiative started in November 2020. The eLearning was launched in January 2021 and over 500 staff have completed this. Staff are able to nominate colleagues for kindness awards as well as adding to the kindness trees both at BRI and SLH. The initiative is progressing well and includes the launch of a Conference and, Kindness Ambassadors in May 2022. Engagement has been extended across NHS Trusts through links with Airedale, Calderdale and Harrogate and a Trust in London. Further work on embedding kindness at BTHFT will take place throughout the year and collaboratively with other NHS Trusts in the area.</p> <p>CS provided an update on progress to date with civility at the Trust.</p>	

	<p>This will focus on how we talk to each other and, how we celebrate our diversity and culture. Since the last update to the Academy, two groups, the Civility Project Board and the Civility Advisory Panel, have been implemented and are progressing well. A high level work plan and three priorities have been agreed for delivery over the next 6 months including a leadership summit planned for June 2022 which will link in with the What Matters to Me day on the 9 June 2022. The health and wellbeing review will take place during quarter one along with our policy reviews. The official launch of our mediation service will launch in line with the civility awareness work which will be at the end of June.</p> <p>SN queried if there was a channel available for patients to nominate staff. It was noted that more work is required to promote this with the public although it is available via Twitter and Facebook with a number of public nominations having been received. It was felt that it would be beneficial for people to visibly see stories where kindness and values in practice are being celebrated.</p> <p>It was suggested that the embedding kindness ambassador work is shared with some of the staff equality networks to ensure that a good representation of ambassadors are included who are reflective of our patients and communities.</p> <p>The findings of the Globis mediation group report on the impact of inter-professional incivility on medical performance, service and patient care will be discussed at the various sub groups going forward.</p> <p>The Academy noted the update.</p>	<p>Quality Lead, Patient Experience/ Head of Organisational Development PA22009</p>
PA.3.22.7	2020 NHS Staff Survey update	
	This item was discussed at agenda item PA.3.22.8	
PA.3.22.8	2021 NHS Staff Survey Results & Proposed Action Plan	
	<p>CS provided an overview of the 2021 survey results which highlights the progress made and the update on the 2020 priorities.</p> <p>Action plan progress has been made with regard to:-</p> <ul style="list-style-type: none"> - Managers' development programmes with over 230 delegates on three leadership pathways which was launched in the last year. - The workplace mediation service now have mediators trained and in the last year we have launched our Thrive platform which has been viewed over 29,000 times via mobiles, tablets, laptops and PCs. - Wellbeing has been progressed including the establishment of a menopause network and, the appointment of a specialist occupational therapist that is supporting stress awareness, time to pause sessions and relaxation. - Engagement champions have been appointed in the last year. <p>All of the items above have fulfilled our aims with the 2020 survey however there are some items that haven't progressed as well due to the pandemic. These are requested to be rolled over to the 2021 action plan with plans in place to progress them which include the;</p>	

	<p>talent management strategy, volunteering scheme, formation of a violence and aggression task and finish group and, our wellbeing conversation approach.</p> <p>CS provided an overview of the results of the 2021 staff survey which showed a response rate of 47.2% which means more colleagues have engaged with the staff survey than previously. Weekly incentives were offered to services to increase their response rates and support was offered to areas that had previously had low response rates. The results were grouped into nine different areas/themes.</p> <p>CS provided a snapshot of the results received and noted that</p> <ul style="list-style-type: none"> - BTHFT was scored 'average' on most of the areas in line with other acute trusts. - It was felt that the level of engagement from staff was a positive with 2970 staff responding to the survey. - The survey highlighted some decreases in scores which were aligned to the average for acute trusts. - This year the survey asked about Covid 19 and the results showed very little variation in scores to 2020 results. <p>CS highlighted some key points within the areas/themes:-</p> <ul style="list-style-type: none"> - Increase in colleagues responding that they had experienced discrimination at work. - Score is above average for staff who agreed that they feel a strong attachment to their team and valued by their team. - The 'recognition I get for good work' and the 'extent to which the organization values my work' has fallen quite significantly which will be a key area of focus going forward. - Increase in staff agreeing that they 'feel secure raising concerns about unsafe clinical practice'. - A decrease in staff who agree they 'feel safe to speak up about any concerns' which is another area of focus moving forward. - A significant decline in 'there are not enough staff at this organization for me to do my job properly'. - A decrease in staff that have experienced bullying and harassment from colleagues and managers but a slight increase from patient/service users. - Above average on most areas relating to learning. - Higher percentage of staff agreeing the organisation is 'committed to helping them to balance work and home life'. - Greatest decline and furthest away from the national average is in the 'we are a team' area relating to team working and line management. There are positives around colleagues working in teams but line management remains a priority area. - Staff engagement scores have been consistent since 2017 with a slight drop this year which is in line with the national average. - A large decline in scores was seen for 'morale at work' which has obviously had an impact over the last year due to the pandemic. <p>CS gave an overview of the service level scores and how we can learn and share knowledge. Research scored significantly higher than the organisational average with Pharmacy scoring significantly lower. Work needs to take place to glean what is working well in the high scoring areas and sharing this throughout the organisation.</p>	
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	<p>The key findings are that there are five key priority areas to focus on including staff engagement and staff morale. It was felt that staff may not be aware of what is available to them particularly through Thrive and what opportunities they have to 'have their say on what matters to them'. It is crucially important that staff feel recognised, rewarded and valued for their work.</p> <p>Next steps:-</p> <ul style="list-style-type: none"> - Key communication plans have been developed with the results of the survey being sent to all staff via email and screen savers go live. - Dedicated Thrive live sessions available to staff with a dedicated session in April to review the survey results and receive feedback from staff. - Sharing learning and best practice with refocus session 'You said what next?' to be held in the CBU's. - Organisational level action plan to be developed. - CBU/service specific action plans to be developed and monitored through Executive to CBU meetings. - Quarterly progress update to be provided to the People Academy. <p>The Chair proposed this survey, including the benchmarking results, is brought to the April meeting for further discussion.</p> <p>The EDI analysis of the staff survey will be included within the equality and diversity update at the May meeting. The Chair felt it would be interesting to look at other metrics around disciplinarys to measure metrics externally in terms of this feedback.</p> <p>The Academy acknowledged the work undertaken over the past few years and the significant steps that have been made to make this a better organisation to work in and it was anticipated that this will have an impact throughout the organisation going forward.</p> <p>The Academy agreed to roll over action plan items to 2021.</p>	<p>Director of HR PA22010</p> <p>Director of HR PA22011</p> <p>Head of Equality Diversity and Inclusion PA22012</p>
PA.3.22.9	People Promise Exemplar Site Update	
	<p>The Trust is one of three sites in this region chosen for the People Promise Exemplar site which will have collaborative links with the ICS. Funding has been received from NHSE/I for a fixed term 8a managerial role within the Trust and this has been appointed to. The hypothesis to test out is that if we deliver on all seven elements of the People Promise whether this will improve retention. A gap analysis needs to be undertaken to review what is already in place and how that links with the different elements of the people promise. An action plan aimed at embedding and evaluating the impact on retention will then be developed.</p> <p>The Academy noted the verbal update.</p>	
PA.3.22.10	Workforce Growth and Transformation Sub-Group to include update on the AHP Support Worker Project	
	<p>This group is a sub group of the People Plan groups and was formed by combining the 'new ways of working and delivering care' group with the 'growing your own workforce' group.</p>	

	<p>Due to operational pressures the two meetings planned for January were cancelled. The February meeting took place which focused on careers initiatives. Maureen Goddard from Pinnacle Performance Limited and Safina Akhtar, Widening Participation Project Lead attended the meeting to talk about the healthcare ambassadors' initiative and their work with schools and work placements. A further meeting is planned for 31 March 2022 with Rachel Pyrah presenting an update on e-rostering and e-job planning. Work is ongoing to refresh the work plan to include a monthly schedule of speakers.</p> <p>An update on the work to implement the Health Education England AHP support worker competency, education and career framework was provided by JK. The framework was published in April 2021 with funding offered by Health Education England to all Trusts to fund work on a variety of projects including the implementation of the framework. A physiotherapist worked with JK to convene a steering group with representatives from the AHP services, HR, Education and Nursing.</p> <p>The framework ensures that patients and service users have access to skilled and consistently trained support workers within AHP services and to ensure staff have access to accurate and up to date job descriptions and standardised career development structures. There are 116 whole-time equivalent (WTE) support workers within the AHP services in pay bands 2-4. It was found that there are significant inconsistencies within the Trust as well as with our neighbouring Trusts and it was hoped that this project will address this. Electronic Staff record (ESR) data cleansing has taken place and support workers have become involved in the project. Draft job descriptions and person specifications have been produced in line with the framework in conjunction with project leads across PLACE. The educational attainment information is currently being compared with the requirements of the framework and this will form the gap analysis of educational requirements. The financial impact of the framework needs addressing in relation to any changes in bandings and any increase in staffing requirements.</p> <p>The Academy noted the verbal update.</p>	
PA.3.22.11	Board Assurance Framework for Nurse Staffing	
	<p>JH provided an update on the board assurance framework which is due to be presented at the May Board of Directors meeting.</p> <p>Nurse staffing continues to be a challenge across the organisation and there are no significant changes to report this month. There has been a slight decrease in the fill rate during the day with a slight increase at night with the fill rates remaining around 70% of the planned establishment. Work has restarted around rostering and workforce efficiency to keep the balance of flexibility of the workforce.</p> <p>The six month staffing review will also be presented to the May Board of Directors as part of the national requirement. There has been a slight reduction in the establishment around our respiratory</p>	

	<p>areas as a result of the Omicron variant. As the acuity of those patients is less, staffing requirements are reduced. Due to the gaps in staffing, and a more junior workforce, leadership is of the utmost importance.</p> <p>Deep dives have taken place in falls, pressure ulcers and medicines errors which have highlighted no omissions in care so the impact of staffing relates to the patient and staff experience and the quality of care delivered in the current situation.</p> <p>Recruitment and retention work is ongoing with the recruitment of international nurses who bring a wealth of experience. Good assurance has been received from NHSE with regard to our approach to recruitment, retention and recognition and they are using our plan for other organisations.</p> <p>The Academy noted the report.</p>	
PA.3.22.12	Maternity Incentive Scheme - Safety Action 4 / Neonatal Staffing	
	<p>SW joined the meeting to present the Maternity Incentive Scheme Year 4. The focus was on Safety action 4: 'Can you demonstrate an effective system of clinical workforce planning to the required standard?' which asks if the Neonatal Unit meets the British Association of Perinatal Medicine (BAPM) national standards of junior medical staffing and the service specifications for neonatal standards.</p> <p>SW advised that:</p> <ul style="list-style-type: none"> - Currently the Trust does not meet the standards and a plan is in place to monitor this. There are gaps on both of the junior rotas and it was felt that we need to move away from the idea of trainees making up the junior medical workforce and moving towards a more permanent staffing model using advance nurse practitioners, clinical fellows and staff grades. Recruitment continues for an advanced nurse practitioner. - There continues to be a high vacancy rate within the nursing establishment with an additional 10 WTE below the funded establishment. Neonatal nurse recruitment levels remain a challenge across the country. Recent recruitment has commenced at the Trust although staff retention has been an issue over the last couple of years. - The action plan developed in year 3 of MIS has been updated to address the deficiencies for year 4 of MIS which will be presented to the Trust Board at a future meeting. The nurse staffing risk is on the risk register and is regularly reviewed. The main focus over the coming year is education and our plan to support the development of our nurses who are lacking neonatal experience. National additional funding from the LTP has been received by the Trust and part of the funding has been used to develop the Allied Health Professional group by recruiting two physiotherapists and a psychologist. We are also improving our pharmacy and dietetics support which in turn creates a more modern multidisciplinary unit. 	

	<p>SW stated that a successful round of recruitment has taken place with five new staff due to start in October which is positive. This in turn has shown an improvement on the nurse staffing figures. Support for adult trained nurses is needed to develop the skills and confidence to work in the neonatal specialty. An education plan for new nurses has been developed in conjunction with two new educators starting in Spring which will support new nurses with their training.</p> <p>PC suggested involving Neonates in the People Promise Work and CS agreed to action.</p> <p>The Academy noted the verbal update.</p>	<p>Head of Organisational Development PA22013</p>
PA.3.22.13	Workforce Report	
	<p>PC provided an overview of the quarterly report which supplements the People Academy dashboard. The Academy noted the following:</p> <ul style="list-style-type: none"> - Further to the earlier discussion regarding sickness rates. PC added that our turnover continues to increase with a prediction of a gradual increase in the next six months before we start to see staff turnover reducing again. - The paper notes the challenges around consultant and junior medical recruitment gaps which are concentrated around particular service areas. There is pressure within consultant recruitment in particular specialties. These are histopathology, interventional radiology, gastroenterology and general surgery. - The NHS will ensure it pays the national living wage from the 1st April 2022 so the entry level salary will increase to £9.65 per hour in light of the pay review bodies discussion outcomes due in July. - It was felt that it will be difficult to move our external outsourcing back to internal due to the shortages with our workforce supply that we are seeing. Our internal workforce is unwilling to take on additional work and are minimising the amount of extra shifts they undertake. There has been an increase in retirements and staff returning on lesser hours which is having an impact on our internal staffing model and has financial implications. The Chair suggested that this is discussed further at a future academy meeting. <p>The Academy noted the paper.</p>	<p>Director of HR PA22014</p>
PA.3.22.14	People Academy dashboard	
	<p>PC confirmed she met with the IT team recently who agreed some new indicators, the benchmarking information against the indicators and an updated glossary which will be available in May.</p>	
PA.3.22.15	High risks relevant to the Academy	
	<p>PC highlighted the following key changes to the high level risk register.</p>	

	<ul style="list-style-type: none"> - The new risk in relation to the demand for haemodialysis in terms of staffing and the need for a business case for staffing expansion due to the increase in demand. - New risk relating to the provision of histopathology services due to current consultants vacancy and sickness gaps. - Two risks associated with Vaccination as a condition of deployment (VCOD) were closed due to the repeal of the legislation. - One risk is passed its review date but this risk needs closing as it is a duplicate nurse staffing risk. <p>The Academy noted the update.</p>	
PA.3.22.16	Any other business	
	The Chair noted that the impact on staff morale would need to be considered due to staff parking charges being re-instated.	
PA.3.22.17	Matters to Share with Other Academies	
	There were no matters to share with the other Academies.	
PA.3.22.18	Matters to Escalate to the Board of Directors	
	There were no matters to escalate.	
PA.3.22.19	Date and time of next meetings	
	27 April 2022 – 11:00-13:00 25 May 2022 – 11:00-13:00 29 June 2022 - 11:00-13:00 27 July 2022 - 11:00-13:00 28 September 2022 - 11:00-13:00 26 October 2022 - 11:00-13:00 30 November 2022 - 11:00-13:00	

ACTIONS FROM PEOPLE ACADEMY – 30 March 2022

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
PA22007	23.2.22	PA.2.22.5	People Academy Dashboard 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	27.4.22	30.3.22 - RS provided a verbal update and confirmed that the education team will provide a presentation to the April academy which will include a comprehensive update the pandemic and progress to date. Update to be provided at the meeting on 27.4.22 by RS. <u>Action closed.</u>
PA22009	30.3.22	PA.3.22.6	Workplace Civility and Patient Experience Kindness update It was suggested that the embedding kindness ambassador work is shared with some of the staff equality networks to ensure that a good representation of ambassadors are included who are reflective of our patients and communities.	Quality Lead Patient Experience and Assistant Director HR/Head of Organisational Development, Human Resources	27.4.22	Ambassador programme launches 5.5.22 at which point Quality Lead Patient Experience will link in with Head of Equality Diversity and Inclusion and feedback in August/September. <u>Action closed.</u>
PA22010	30.3.22	PA.3.22.8	2021 NHS Staff Survey Results & Proposed Action Plan Quarterly progress updates to academy (work plan to be updated).	Director of HR	27.4.22	Work plan updated. <u>Action closed.</u>
PA22011	30.3.22	PA.3.22.8	2021 NHS Staff Survey Results & Proposed Action Plan KW proposed this survey including the benchmarking results is brought to the April meeting for further discussion.	Director of HR	27.4.22	Item added to agenda for 27.4.22. <u>Action closed.</u>

PA22013	30.3.22	PA.3.22.12	Maternity Incentive Scheme - Safety Action 4 / Neonatal Staffing PC suggested involving Neonates in the People Promise Work and CS agreed to action.	Assistant Director HR/Head of Organisational Development, Human Resources	27.4.22	Head of Organisation Development informed People Promise Manager who will link in with Neonates as necessary. <u>Action closed.</u>
PA22014	30.3.22	PA.3.22.13	Workforce Report It was felt that it will be difficult to move our external outsourcing back to internal due to the shortages with our workforce supply that we are seeing. Our internal workforce is unwilling to take on additional work and are minimising the amount of extra shifts they undertake. There has been an increase in retirements and staff returning on lesser hours which is having an impact on our internal staffing model and has financial implications. The Chair suggested that this is discussed further at a future academy meeting.	Director of HR	29.6.22	
PA22012	30.3.22	PA.3.22.8	2021 NHS Staff Survey Results & Proposed Action Plan The EDI analysis of the staff survey will be included within the equality and diversity update at the May meeting.	Head of Equality Diversity and Inclusion	25.5.22	
PA22015						