

## PEOPLE ACADEMY MINUTES

<b>Date:</b>	27 <sup>th</sup> April 2022	<b>Time:</b>	1130 - 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 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 Hudson, Head of Education (AH)</li> <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 Smith, Director Of Pharmacy (DS)</li> <li>- Mr Faeem Lal, Deputy Director of HR (FL)</li> <li>- Ms Faye Alexander, Education Manager (FA)</li> <li>- Ms Jane Kingsley, Lead Allied Health Professional (JK)</li> <li>- Ms Joanne Hilton, Assistant Chief Nurse (JH)</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> </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.4.22.1	<b>Apologies for Absence</b>	
	<ul style="list-style-type: none"> <li>- Mr Altaf Sadique, Non-Executive Director (ASa)</li> <li>- Ms Amanda Grice, Workplace &amp; Health Well-being Centre Manager (AG)</li> <li>- Mr David Hollings, Deputy Chief Digital and Information Officer (DH)</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>- Mr Chris Smith, Deputy Director of Finance (CS)</li> <li>- Ms Jacqui Maurice, Head of Corporate Governance (JM)</li> <li>- Ms Rachel Waddington, Deputy Director of Operations (RW)</li> </ul>	
PA.4.22.2	<b>Declarations of Interest</b>	
	There were no interests declared.	

PA.4.22.3	<b>Draft Minutes of the Meeting Held on 30<sup>th</sup> March 2022</b>	
	The minutes of the meeting held on 30 <sup>th</sup> March 2022 were approved as an accurate record of the meeting.	
PA.4.22.4	<b>Matters Arising</b>	
	There were no matters arising to discuss.	
PA.4.22.5	<b>People Academy Dashboard</b>	
	<p>PC advised as referenced at the previous meeting it is anticipated new metrics and an updated glossary will be available for the May Academy meeting. It is hoped going forward these will be aligned as far as possible to the People Promise work.</p> <p>PC highlighted the following key themes from the Dashboard:</p> <ul style="list-style-type: none"> <li>• In terms of engagement the advocacy and harassment &amp; bullying indicators are updated six monthly and these will therefore be updated in May.</li> <li>• The next update for referrals to Freedom to Speak Up will be in June 2022.</li> <li>• Appraisal rates for non-medical staff have again seen a slight reduction in appraisal rates, and considerable variation is being seen between Clinical Business Units (CBUs) and departments ranging from 52% to 89% performance. This is an area to be focussed on over the next quarter at the CBU to Executive meetings and with Executive leads in terms of corporate departments, and ascertaining if any additional training and support is required for managers where performance is not as would be expected.</li> <li>• With regard to refresher training, compliance was above target in March whereas this had dipped below target in February. There are currently six subjects below target and an action plan is in place to address this. These six subjects are primarily in areas where there is a need for face-to-face training rather than online which has been impacted by the Covid pandemic.</li> <li>• In relation to the staffing metrics, a slight increase was seen in the deployment of the temporary workforce in March; fill rates for Registered Nurses and Healthcare Assistants, and bank fill for Junior Doctor gaps.</li> <li>• Staff turnover again continues to increase as predicted. As a reminder our workforce planning assumption is that turnover would increase incrementally for the first six months of the year before commencing to stabilise and then reduce. It is hoped for benchmarked information to be included from May.</li> <li>• Apprentice starts will be updated quarterly however at the current time there are around 270 staff on an apprenticeship programme.</li> <li>• Equality and Diversity (EDI) indicators will be updated at the May Academy meeting, with the main focus at the meeting on the Equality and Diversity agenda covering WRES, WDES, gender</li> </ul>	

	<p>pay gap and staff survey data in relation to the EDI indicators.</p> <ul style="list-style-type: none"> <li>Referring to Health and Wellbeing, PC advised the year to date staff sickness absence rate overall continues to increase. The monthly sickness in March at 7.4% showed a small reduction compared to February, however it is still higher than at the same time last year. The rate in January 2022 was 9.69%.</li> </ul> <p>DS commented long Covid absence is still prevalent and asked if the policy is remaining for affected staff to continue to receive full pay as this may be a deterrent to staff returning to work. PC said this is a national policy decision and the 31<sup>st</sup> March 2022 expected change to this has not yet happened. She continued this does not detract from us case managing those staff on long-term sickness. FL added where it is evident staff members have little or no prospect of returning to work, work is undertaken to start to progress towards Hearings and to consider if roles can be kept open. This is a subject constantly discussed at regional HRD meetings. There is also an issue of equity in terms of what is fair and reasonable with the disparity for colleagues on long-term sick for say cancer compared to those with long Covid who continue to receive full pay. With regard to long Covid AS said he is supporting some staff through that and their desire is to return to work.</p> <p>The Healthcare Assistant (HCA) staff group is where the highest sickness levels and turnover rates are currently being seen, and work will be focussed in this area to understand the reasons for this and action plans going forward.</p> <p>AS asked PC if there was any information which could be shared around why HCAs are leaving. PC said from the discussions undertaken it is evident that whilst it has been a difficult time for everyone during the pandemic, it has been a particularly difficult time at work for HCAs with wards being very pressurised, the need for staff to move to other wards, and similar to a number of other staff groups, there has also been an impact on training and development. PC continued that at the present time the NHS is not seen as a particularly attractive employer compared to many jobs in the retail sector with higher starting salaries and flexibility around working arrangements, and this needs to be borne in mind in terms of retention plans going forward.</p> <p>JH added that it can be seen from some of the feedback from the survey around bank rates of pay, there is an issue with movement and a separate Task and Finish Group is looking at how staff can be supported when they are being moved around, and also to reduce movement as much as possible. PC said it would be helpful for any feedback AS has had from a staff side perspective to be fed into that work, and AS confirmed this will be provided as appropriate.</p> <ul style="list-style-type: none"> <li>Increased waiting times are being seen for Occupational Health (OH) services around referrals and guidance is to be issued to managers regarding how they can manage staff back to work quickly where appropriate.</li> </ul>	
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	<p>AS queried if there was any information regarding how well the new clinical psychology service is working, particularly in relation to mental health referrals. PC replied in terms of service provision both inside and outside the Trust, we are in a much better position than we were. We have a relatively new Clinical Psychologist in post along with the CBT Therapist, and a further Psychologist due to commence imminently who will lead the service and increase capacity. The challenge is around the referral triage in terms of who the most appropriate professional is to deal with the case when a management referral is received. The member of staff concerned may feel this is a Clinical Psychologist when that may not be the case.</p> <p>In terms of referral pathways, clinical psychology resource is available with CBT therapy resource and an Occupational Therapist who takes a number of stress related referrals. There is also the CiC staff counselling service, and the Wellbeing Hub as part of the ICS services. Work remains to be done in terms of being very clear around the referral pathways, but in terms of the resources available to support staff these continue to be increased and good feedback is being received regarding the psychology and therapy provision.</p> <p>JP asked if PC had a view on to what extent the stress and mental health issues are caused by work related aspects or broader life pressures. PC confirmed in some areas of the Trust eg theatres and ICU, undoubtedly work pressures and unexpected incidents are certainly the major factor, however in the majority of cases it is multi-factorial, ie both personal and work related stresses. LF stated it is not possible to split these out in ESR unless a staff member has specially applied for an injury allowance on a work related basis. LF continued that in the injury allowance applications received there is often a multi-factorial approach with an element being work related.</p> <p>RS agreed the pressures on staff are definitely multi-factorial and in both the Trust and the general population, there is a much higher incidence of mental health challenges which have come to light since the start of the pandemic. ICU is a slight exception to this however in that some of the teams who have been very much on the frontline over the last two years have come through it remarkably well partly due to working as a team and creating mutual resilience. Now hopefully the worst of the pandemic is over there is a desire to get teams back together and rebuild them as this can be a dangerous time in terms of staff wellbeing, and it is important not to just assume everything will be okay.</p> <p>KW observed in addition to the activity around mental health, first aid, therapists, support initiatives such as Thrive etc, there is a great deal of work going on in the Trust around workloads, responsibilities, boundaries, leadership, communication, behaviour, vision and values, and people feeling valued to try and address some of the work related issues around mental health stress.</p> <ul style="list-style-type: none"> <li>• KD added there are currently seven vacancies in midwifery</li> </ul>	
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	<p>however it is still not possible to maintain ideal staffing levels due to both sickness and maternity leave absences. Sickness absence is therefore a key focus area to understand why staff in certain groups have decided to leave the Trust.</p> <ul style="list-style-type: none"> <li>In terms of medical appraisals RS commented the expectation is there will be around 40 doctors (approximately 11%) who did not have an appraisal in the last year due to appraisals being stood down for around a quarter of the year; these are classed as measure 2 appraisals (ie approved missed appraisals). It is not anticipated any measure 3 appraisals (unapproved missed appraisal) will be reported for the last appraisal year. NHS England accept there is always around 20 measure 2 appraisals reported due to absence/maternity leave etc, and due to the standing down of appraisals for part of the year the increase in numbers should be acceptable.</li> </ul>	
<b>PA.4.22.6</b>	<b>High Level Risks Relevant to the Academy</b>	
	<p>PC advised in terms of the People Academy there are no new risks.</p> <p>With regard to ongoing risks it has been noted there are three risks related to staffing and whilst it had previously been considered to merge these, it was felt important to retain these separately as they relate to unplanned care, planned care and corporate services and are seen as separate risks. Mitigation of these risks varies dependent on the teams, ie the Chief Nurse corporate risk very much looks at the future and recruitment and retention, whereas the planned and unplanned care risks refer to the current situation. JH added the Quality Impact Assessment sits alongside the corporate risk which covers any changes implemented, and this is also available on the risk register.</p> <p>There are no risks which have changed in score relevant to the Academy.</p> <p>The generic staffing risk, ID 3489, has been closed as it is covered within the other staffing risks.</p> <p>KD added the vacancy position which peaks at this time of year especially for Registrants, is peaking with vacancies across the Board. A number of areas have been reconfigured.</p> <p>As agreed by the Executive Management Team (ETM) and following a tendering process, JustR has been contracted to assist with recruitment and retention marketing using social media as a way to attract candidates.</p> <p>JH is undertaking work along with HR colleagues in relation to retention, and as part of the Nursing &amp; Midwifery Forum there will be a Recruitment and Retention Council.</p> <p>In mitigation the Trust continued to move staff which can be unsettling, however a number of short-notice sick calls are still being received which can be difficult to manage. Staffing Matrons remain in place on a daily basis for the core hours seven days per week, and daily multiple staffing huddles continue to ensure the correct</p>	

	<p>nursing complement in each area to look after patients in the safest way.</p> <p>The reduction in Covid patients being cared for has resulted in some of the bed bases returning to normal, and staff returning to their normal wards. In conjunction with this, the increase in elective work means pressures remain but in new and evolving ways.</p> <p>KW confirmed she would highlight the issues in her Chair's report to the Board.</p>	
<b>PA.4.22.7</b>	<b>Workforce Planning Submission</b>	
	<p>LF updated the Academy on the process this year on the Workforce Plan submission which is part of the Operational Plan, and referred to the circulated document which provides the headline information, with changes over the next 12 months being made conservatively. The first and second drafts of the plans have been submitted with few challenges received so far.</p> <p>The Trust contributes to a narrative plan developed at Place which is submitted to the ICS and aggregated into the ICS Plan. The themes remained the same as last year and align to the People Plan key themes. There is a numeric plan element which articulates the Trust's budgeted establishments and staff in post plans for the next 12 months, and there is a KPI element which covers planned sickness rates and turnover.</p> <p>The key themes include a focus on retention and increasing supply around recruitment, overseas nurse recruitment and the AHP Workforce Programme. Staff recovery and health is incorporated including the OH and Organisation Development (OD) interventions such as flexible working. Further key elements are around re-focussing attendance management post-Covid, and new ways of working. Work is planned and already happening around the Kickstart Programme, apprentice roles, and management of the work through technology via e-Job Planning and e-Rostering are also included.</p> <p>A small number of additional Healthcare posts have been approved, however it is unlikely all of these will be filled within the financial year.</p> <p>Conservative plans around improvements in sickness rates and turnover are built-in in line with the seasonal fluctuations seen around the end of the calendar year.</p> <p>No questions were posed by the Academy.</p>	
<b>PA.4.22.8</b>	<b>Statutory and Mandatory Training – how this was delivered/paused throughout the pandemic and progress to date</b>	
	<p>Following a previous request for information about the governance arrangements in place for the management of statutory and mandatory training during the Covid pandemic, a presentation was received from FA. Key highlights are as below:</p>	



	<ul style="list-style-type: none"> <li>• The local Mandatory Training Policy had been reviewed and approved by the ETM in January 2022.</li> <li>• For any new starters joining the Trust there is a requirement that they complete all mandatory training and any identified high priority training as part of the corporate and local induction process. The compliance target is that this is completed within four weeks of employment, with the high priority training completed within three months of employment. This was previously set at 100% for the initial on-boarding of mandatory training, but this has been reduced to 95% to account for those who may experience difficulties with accessing learning or training.</li> <li>• All mandatory and high priority training is recorded on ESR.</li> <li>• Statutory and Mandatory Training compliance reports are produced by the Education team for the Board and any other relevant Committees.</li> <li>• The Trust's mandatory training topics have been identified as critical or potential risks to the Trust and are aligned to the national Core Skills Training Framework (CSTF). In addition the Trust also determined high priority training which was deemed critical to mitigating risk in the Trust via a training needs analysis, with this being applicable to certain staff groups/roles.</li> <li>• Any new proposed training subjects are reviewed by the Mandatory Training Group before being presented at the People Academy. Each topic has a specific subject matter expert who has responsibility for leading on the delivery plan of the training.</li> <li>• The compliance target for each mandatory training topic is set at 85% throughout the Trust, with the exception of Information Governance which is set at 95%.</li> <li>• Prior to the pandemic the majority of training was delivered face-to-face and where possible this was moved to e-learning or remote learning. Basic life support and moving and handling training remained face-to-face but these were adapted appropriately in line with new infection prevention and control requirements.</li> <li>• Prior to the pandemic the Trust's overall compliance stood at 93.4% across all subjects.</li> <li>• Due to clinical pressures during the initial wave of the pandemic, the Board approved to extend training competencies for all staff for a period of nine months to allow prioritisation of clinical duties.</li> <li>• Following the nine month extension of training compliance, a process for colleagues of self-declaration of competence in mandatory training was introduced. This was voluntary and for staff who were unhappy to self-declare e-learning was provided where possible.</li> </ul>	
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	<ul style="list-style-type: none"> <li>Mandatory training reports were paused during the Covid pandemic, however the team continued to run shadow reporting in the background to easily identify and deal with any areas of risk. Board/Committee reporting resumed in January 2022.</li> <li>Due to the extension and expiration of competencies and staff self-declaring, as at March 2022 out of the 10 core mandatory training subjects six came in at below the 85% target.</li> </ul> <p>Work is being done with the subject matter experts to devise action plans which include increasing teaching sessions for face-to-face topics, to mitigate the risk and improve overall compliance. It has been noted there are workload demands on staff and targeted work engaging with the managers across the staffing groups is being undertaken to support and facilitate staff being released to complete their e-learning.</p> <p>RS added a forward view of training is available and regularly reviewed so pressure areas coming up can be identified.</p> <p>JH expressed her thanks to the Education team for their work in taking out some of the training into the clinical areas which has received positive feedback and been beneficial to staff.</p> <p>PC suggested she and FA have a discussion outside of the meeting regarding if the correct information is being captured through the Dashboard so the Academy is correctly sighted and this was agreed.</p>	<p>Director of HR / Education Manager PA22015</p>
<b>PA.4.22.9</b>	<b>Guardian of Safe Working Hours / Annual Report</b>	
	<p>RS referred to the circulated report covering the January 2022 to March 2022 period and highlighted the following:</p> <ul style="list-style-type: none"> <li>The overall number of exception reports received during the quarter had reduced mainly due to the virtual elimination of the breaches associated with the Orthopaedic trainee staff staying at work to attend trauma meetings. The majority of reports relate to gynaecology clinics overrunning which is now being addressed to determine any changes made resulting in this increase.</li> <li>Concern has been raised around junior staff taking all their annual leave entitlement before they rotate, and significant pressure has arisen due to gaps in rotas, staff sickness absence, and locum positions not being filled at the same level as they were previously. Junior doctors are encouraged where possible to spread their leave throughout the whole period they are with the Trust, and to ensure if it is not possible for leave to be taken that they are then paid for any leave outstanding.</li> <li>Four safety concerns were raised and upon review one was not believed to amount to a safety concern. The remaining three related to junior doctors feeling that staffing levels on wards were not suitable. No evidence of any harm has resulted however these reports have been taken seriously and properly investigated.</li> </ul> <p>Overall whilst the situation looks to be improving, we cannot be</p>	



	complacent as issues still remain around rota gaps, pressures in ward cover, and juniors being able to take annual leave, and all exception reports need to be looked into to determine what can be done to improve the situation.	
<b>PA.4.22.10</b>	<b>Board Assurance Framework for Nurse Staffing</b>	
	<p>KD referred to the circulated document which includes very minor changes since the previous month. The staffing risks were discussed as part of agenda item 6.</p> <p>KD suggested this report is presented to the Academy for review on a quarterly basis and this was agreed.</p>	
<b>PA.4.22.11</b>	<b>Nurse &amp; Midwifery Staffing Review</b>	
	<p>KD referenced the bi-annual report on the Strategic Nurse Staffing Review and highlighted:</p> <ul style="list-style-type: none"> <li>Appendix 1 showing how the bed base has changed from pre-pandemic levels, during the pandemic, six months ago, and the current status compared to the new future model.</li> <li>Appendix 2 covers an extension exercise approved at ETM and shows a breakdown of which CBU wards sit in, the Deputy Associate Director of Nursing, Matrons and Sisters, and demonstrates the leadership infrastructure in place throughout the organisation. This information has been used when planning staffing levels going forwards and how these differ and operate on Covid and non-Covid wards.</li> </ul> <p>There is a belief now that a firm understanding of the current ward staffing levels is evident, with a clear vision that all wards have senior leadership teams either in place or being established to be in place and any cost implications.</p> <ul style="list-style-type: none"> <li>In terms of the midwifery staffing review, the recently issued Ockenden Part 2 Report contains no additional actions asked of Trusts, however there is a request that Trusts review staffing levels in relation to 'Continuity of Carer' (CoC). This is where a midwife or team of midwives is assigned to a woman throughout her entire pregnancy, delivery and the post-natal period. The previous submission for the Trust staffed this area at 100% implementation of CoC, which currently sits at a gap of approximately 20 midwives. However, the national ask was that CoC should not be set at full scale if the necessary staff are not present.</li> </ul> <p>Therefore to meet current safe staffing levels and implement CoC at 35% (which was the previous standard), the Trust would require an additional seven posts. The Trust has therefore moved to implementing 50% of CoC from October 2022 as midwives will be recruited in September and October when they qualify and can fill those posts.</p> <p>Overall therefore the number of midwives is reducing compared to the paper from six months ago but this is based on the Trust's</p>	

	<p>ability to recruit and the Ockenden recommendations.</p> <p>JH further advised the establishment reviews take place every six months with updates provided to the Academy. She advised good engagement with the nursing and ward leaders had been seen during the process.</p> <p>PC commented the review is really helpful in terms of the focus on leadership and career development in thinking about recruitment and retention challenges.</p> <p>It was suggested the report is submitted to the Board in May 2022 with the bi-annual review taking place in November 2022, and this was approved.</p>	
PA.4.22.12	<b>Education Annual Report</b>	
	<p>AH highlighted from the circulated report:</p> <ul style="list-style-type: none"> <li>• The Trust has successfully increased the provision of student placements for all health care professionals in training and the number of post-graduate doctors. This has been partly achieved due to our links with the regional learning environment and placement group which oversees practice placements and their increase across the board. This is useful for sharing good practise and learning from others.</li> <li>• New methods of supervision and assessment for students have been introduced using the multi-professional workforce so the onus does not solely fall on Registered Nurses.</li> <li>• Student led clinics have taken place and other initiatives to support increasing of placements.</li> <li>• There was a continued focus on the quality of the learning environments and supporting the assessors and educators in the workplace. There has been a strong focus and presence in the clinical environments ensuring discussions take place with students and any issues are highlighted and resolved locally as soon as possible.</li> <li>• The Education Team has supported recruitment and retention initiatives by providing a package to support the international nurses and healthcare support workers prior to them commencing work within the clinical environment.</li> <li>• The Trust provided significant education, pastoral and clinical support to the international nurses, who achieved a 100% pass mark in the Objective Structured Clinical Examinations (OSCE).</li> </ul> <p>In terms of the challenges experienced, AH highlighted:</p> <ul style="list-style-type: none"> <li>• Feedback from students since January 2022 shows there were issues raised relating to adequate supervision, workload tasks, and relating to attitudes and behaviours in some areas. A plan is in place involving support from HEE to address these.</li> </ul>	

	<ul style="list-style-type: none"> <li>In relation to the retention of staff, a number of the personal and professional development activities such as the Band 5 to Band 7 Leadership Programme have been postponed due to current staffing issues and the focus on clinical skills development.</li> <li>A number of issues have affected the Trust's education facilities such as social distancing and the use of the facilities for the Covid vaccination programme which have had an impact in terms of courses, particularly income generating courses. This will be a priority in the future.</li> </ul> <p>Initiatives to be looked at in the future:</p> <ul style="list-style-type: none"> <li>An annual plan for the year has been developed with key challenges and items to be addressed identified.</li> <li>The Education Strategy will be reviewed during the 2022/23 year as this will be impacted by the revised Clinical Strategy, the long-term impacts and the service changes in relation to Covid, and the rapid move to digitisation of services.</li> <li>It is hoped to develop a new education stream as gaps have been identified in the current provision. This will concentrate mainly around medical device training, conflict resolution, and physical intervention/restraint/de-escalation training due to the increase in mental health issues being seen in the local population.</li> </ul> <p>The Academy was asked to and approved the content of the annual plan and the plans for going forward.</p>	
<b>PA.4.22.13</b>	<b>2021 NHS Staff Survey Results Update</b>	
	<p>CS updated the Academy on key findings following the publication of the national survey results, and the current position in terms of the Trust's planning.</p> <p>She highlighted the following key themes from the national results:</p> <ul style="list-style-type: none"> <li>A national response rate of 48% which is slightly higher than the previous year.</li> <li>In terms of health and wellbeing there was a worsening position on some of the measures eg increases in stress levels, staff attending work when unwell, musculoskeletal injury levels, and high levels of burnout: <ul style="list-style-type: none"> <li>46.8% of staff felt unwell due to work related stress in the 12 months which is significantly higher than in previous years.</li> <li>34.3% are often or always burnt out due to work.</li> <li>31.1% of OH staff are often or always exhausted at the thought of another day at work.</li> </ul> </li> <li>Staff morale had decreased with 22.9% of respondents stating that they would likely look for a new job at a new organisation in the next year, which is the highest rate for this question in four years. 16.6% said they would leave their organisation as soon</li> </ul>	

	<p>as an alternative role could be found.</p> <ul style="list-style-type: none"> <li>• 66.8% of respondents said they feel their manager listens to them and the challenges they face. 70% feel their manager values their work, which is a slight decrease compared to 2020.</li> <li>• 87.3% feel their role makes a difference, however there has been a significant reduction in staff perceptions of quality of care.</li> <li>• Just under 60% of staff reported that they would recommend their organisation as a place to work which again is quite a significant reduction compared to previous years.</li> <li>• In terms of flexible working there was also a slight decrease in the level of respondents who feel that they are satisfied with those opportunities.</li> <li>• 70.6% of staff feel they receive the respect they deserve from colleagues which again is a decline from the last time this question was asked in 2019.</li> <li>• Staff opinion nationally on the value of appraisals has decreased since the question was last asked in 2019.</li> <li>• In terms of the working experience for ethnic minority colleagues: <ul style="list-style-type: none"> <li>○ There is a lack of progress with the discrimination from a manager/colleague metric seeing a small increase from 2020. This metric is now at its highest level since recording began in 2017.</li> <li>○ Ethnicity is the most common reason for discrimination with gender being the second highest.</li> <li>○ A small decrease in the proportion of both ethnic minority and white staff experiencing bullying, harassment and abuse from colleagues and managers.</li> <li>○ Career progression and promotion opportunities are unequal, with just under 45% of ethnic minority staff feeling their organisation acts fairly in this area compared to just below 60% of white staff.</li> </ul> </li> <li>• The results for disabled staff show: <ul style="list-style-type: none"> <li>○ An increase from 2020 in the numbers who have personally experienced harassment, bullying or abuse from patients and the public.</li> <li>○ 17.2% have experienced harassment, bullying or abuse from colleagues.</li> <li>○ The career progression and opportunities for promotion metric failed to meaningfully improve since previous years.</li> <li>○ Only 34.7% of disabled staff feel their work is valued within their organisation.</li> <li>○ Whilst discrimination on the basis of disability is recorded as relatively low, it is at its highest level since recording of the metric commenced.</li> </ul> </li> </ul>	
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	<p>The Trust's own results show:</p> <ul style="list-style-type: none"> <li>• A response rate of 47.2% which is one of the highest ever for the Trust.</li> <li>• In terms of the seven areas of the People Promise: <ul style="list-style-type: none"> <li>○ We are above average in terms of always learning.</li> <li>○ We have the same average score for four of the areas: our staff are recognised and rewarded, we each have a voice that counts, staff engagement, and morale.</li> <li>○ We are slightly below average in four of the themed areas: we are compassionate and inclusive, we are safe and healthy, we work flexibly, and we are a team.</li> </ul> </li> <li>• With regard to the results against overall themes for other local Trusts, we are broadly in line with Leeds performing the highest in most areas. There is definitely learning to be undertaken from this and CS is connecting with colleagues in Leeds.</li> </ul> <p>Always Learning is consistently the lowest scoring theme for local Trusts, and we are the lowest in terms of We are a Team compared to our neighbours.</p> <p>Following a review of the results, the Trust had agreed the following priority areas for 2022:</p> <ul style="list-style-type: none"> <li>• Improve staff engagement levels and morale.</li> <li>• Help staff understand what support is available through Thrive and how this offering is growing.</li> <li>• Recognition and Reward.</li> <li>• We are a Team and the role of line managers and teamworking.</li> <li>• Ensuring staff feel confident and safe to speak out.</li> <li>• Focus on wellbeing and burnout.</li> <li>• Work with Trade Unions colleagues and staff side to look at next steps and how we can work together around action planning.</li> <li>• Work with HR colleagues to work within services and help the CBUs to build their own action plans which will be monitored via the Exec to CBU meetings.</li> </ul> <p>Quarterly updates on progress will be provided to the Academy.</p> <p>KW noted the priority of the changing needs of the workforce post-pandemic which she agreed is key.</p> <p>PC added the team are keen to know if the priority areas identified are the correct ones and feedback in this regard is welcomed. AS advised plans are being prepared by staff side to look at doing things differently going forwards in areas such as personal development and equality.</p> <p>The Academy noted the contents of the presentation.</p>	
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PA.4.22.14	<b>Belonging Update</b>	
	<p>KH advised a detailed report will be presented to May's Academy meeting around Equality, Diversity and Inclusion in general. He provided a brief update in relation to the relaunch and re-establishment of the staff equality networks. He stated there are three equality networks within the Trust with the focus to revitalise and refresh the roles of the networks to align with the national ambitions for staff networks, and be in a position where they are thriving.</p> <p>As a result of the work undertaken over the last few months, a range of people have come forward in some of the core group roles for the LGBT Network, and raise the profile of LGBT equality across the organisation.</p> <p>There has been a number of staff expressing interests in joining the existing networks and individuals interested in the roles of Chair and Deputy Chair (including existing incumbents) have been asked to submit their Expressions of Interest forms to form a record of those interested and why. Some of the roles are unique and the organisation has seen the development of the Equality &amp; Diversity Council. The networks are also represented at the People Academy which gives them a voice, as the focus of the networks is around influencing equality, diversity and inclusion within the organisation.</p>	
PA.4.22.15	<b>NHS People Plan / Strategy Workplan</b>	
	<p>PC explained the template is used by the HR team to take a sense check every six months of where we currently stand against the actions led out in the NHS People Plan around key priority areas. The circulated paper gives our status position as an employer at April 2022 with key areas pulled out where it is felt good progress has been made and we are on track. There are some areas where further work is still required and these will also be picked up through the Staff Survey work. These include addressing violence in the workplace, harassment and bullying, and working flexibly which is a key part of the People Promise. A new policy has been launched in this regard although work is still required in terms of the development and rollout of the toolkit to managers, along with some practical resources.</p> <p>She took the circulated paper as read, and invited questions from the Academy. No questions were received.</p>	
PA.4.22.16	<b>West Yorkshire Health and Care Partnership – People Plan Workforce Strategy 2021-2025</b>	
	<p>PC advised the circulated paper had been provided for information and to make sure all members of the Academy are sighted on the Workforce Strategy.</p> <p>She highlighted the section of the report on page 12 in terms of our workforce today which provides useful information for the Trust in terms of profile at the Health and Care Workforce level. The strategy translates directly back to the NHS People Plan and is useful as a reference point in terms of activities being undertaken at Health and Care Partnership level.</p>	



	The Place-based People governance arrangements will be presented to the Academy at the next meeting for information, and to show how the Trust plans and strategy link into the Place plans and strategy, and how these link into the Health and Care Partnership strategy. KW agreed it will be helpful to see the Place level information.	
<b>PA.4.22.17</b>	<b>Any Other Business</b>	
	There was no other business to discuss.	
<b>PA.4.22.18</b>	<b>Matters to Share with Other Academies</b>	
	<ul style="list-style-type: none"> <li>JH advised the staffing papers are being shared with the Quality Academy.</li> </ul>	
<b>PA.4.22.19</b>	<b>Matters to Escalate to the Board of Directors</b>	
	<ul style="list-style-type: none"> <li>PC said the Board need to be made aware of the Trust's position in relation to sickness absence and turnover. KW confirmed she would do this, and would also reflect in her Chair's report the mental health discussion which has taken place.</li> <li>Relevant high level risks entered on the Risk Register to be highlighted to the Board in the People Academy Chair's report.</li> <li>KD said the workforce papers around the staffing reviews need to be presented to the Board.</li> </ul>	<p>Chair PA22016</p> <p>Chair PA22017</p> <p>Chair PA22018</p>
<b>PA.4.22.20</b>	<b>Date and Time of Next Meeting</b>	
	<p>25<sup>th</sup> May 2022, 1100–1300</p> <p>KW advised a review of the effectiveness of the People Academy is to be undertaken and questions requiring members' participation will be tabled.</p>	

**ACTIONS FROM PEOPLE ACADEMY – 27<sup>th</sup> April 2022**

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
PA22012	30.03.22	PA.3.22.8	<b>2021 NHS Staff Survey Results &amp; Proposed Action Plan</b> 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	25.05.22	Item included on agenda for May Academy meeting. <b>Complete.</b>
PA22015	27.04.22	PA.3.22.8	<b>Statutory and Mandatory Training – how this was delivered/paused throughout the pandemic and progress to date</b> PC suggested she and FA have a discussion outside of the meeting regarding if the correct information is being captured through the Dashboard so the Academy is correctly sighted and this was agreed.	Director of HR / Education Manager	29.06.22	
PA22014	30.03.22	PA.3.22.13	<b>Workforce Report</b> 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	29.06.22	

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
PA22016	27.04.22	PA.4.22.19	<b>Matters to Escalate to the Board of Directors</b> PC said the Board need to be made aware of the Trust's position in relation to sickness absence and turnover. KW confirmed she would do this, and would also reflect in her Chair's report the mental health discussion which has taken place.	Chair	12.05.22	Item included on agenda for May Board of Directors meeting. <b>Complete.</b>
PA22017	27.04.22	PA.4.22.19	<b>Matters to Escalate to the Board of Directors</b> Relevant high level risks entered on the Risk Register to be highlighted to the Board in the People Academy Chair's report.	Chair	12.05.22	Item included on agenda for May Board of Directors meeting. <b>Complete.</b>
PA22018	27.04.22	PA.4.22.19	<b>Matters to Escalate to the Board of Directors</b> KD said the workforce papers around the staffing reviews need to be presented to the Board.	Chair	12.05.22	Item included on agenda for May Board of Directors meeting. <b>Complete.</b>