

# Workforce & Organisation Development Committee

Minutes of the meeting of the Workforce and Organisation Development Committee of Sheffield Health and Social Care NHS Foundation Trust held on Tuesday 31<sup>st</sup> January 2017 at 9am in the Rivelin Boardroom, Old Fulwood Road, Sheffield, S10 3TH.

## Present:

1. Susan Rogers Chair / Non-Executive Director of the Board (SR)
2. Ann Stanley Non-Executive Director of the Board (AS)
3. Phillip Easthope Director of Finance, Executive Director of the Board (PE)
4. Cllr Leigh Bramall Non-Executive Director of the Board (LB)
5. Clive Clarke Deputy Chief Executive, Director of Ops, Exec Director of the Board (CC) (part)

## In Attendance:

6. Dean Wilson Director of Human Resources, Associate Director of the Board (DW)
7. Richard Mills Non-Executive Director of the Board (RM) (part)
8. Caroline Parry Deputy Director of Human Resources (CP)
9. Dr Helen Crimlisk Deputy Medical Director (HC)
10. Guy Hollingsworth HR & Workforce Key Projects Lead (for items 4b, 4c) (GH)
11. Julie Edwards Director of Therapy Services (for item 9)
12. Karen Dickinson Head of Education, Training and Development (for items 12 & 13) (KD)
13. Liz Johnson Head of Equality and Inclusion (for items 11, 12a) (LJ)
14. Helen Walsh PA to Director of Human Resources (notes) (HW)

## Apologies:

15. Dr Mike Hunter Medical Director / Executive Director of the Board (Helen Crimlisk in attendance) (MH)
16. Liz Lightbown Director of Nursing, Professions & Care Standards and Executive Director of the Board (LL)
17. Margaret Saunders Director of Corporate Governance, Board Secretary (MS)

		Lead
1/01/17 WODC	<b>1 Welcome &amp; Apologies</b>  The Chair welcomed members to the meeting and the apologies were noted.	
2a/01/17 WODC	<b>2a Minutes of the meeting held on 2<sup>nd</sup> November 2016</b>  The minutes of the meeting held on 2 <sup>nd</sup> November 2016 were agreed as an accurate record subject to the following typos:  Page 3 – Primary <del>Case Care</del> Directorate is undergoing <del>continue</del> restructuring which accounts currently for their high turnover rate.  The confirmed WODC minutes dated 2 <sup>nd</sup> November 2016 will be submitted to the February 2017 Board Meeting.	

2b/01/17 2b **Matters Arising from 2<sup>nd</sup> November 2016**

WODC

**i) RIDDOR statutory requirements**

Following a query from the Chair it was confirmed that the RIDDOR information had been circulated (07-11-16).  
HW re-circulated (03-02-17).

**ii) Doctors in training and Doctors who are substantive/permanent**

The Chair reported that she is meeting with Mike Hunter and Helen Crimlisk to decide what areas may be beneficial to consider at WODC in future.

**iii) Staff Recognition Awards Evening – 9<sup>th</sup> February 2017**

The Chair updated that the three finalist nominees, selected from the nine categories, have been chosen by the Panel. The Chair has met with all of the nominees (teams and individuals) apart from one who is being contacted by telephone. A short biography for each nominee will be included in a brochure for the event.

Dr Crimlisk asked about any spare invitations, specifically regarding Brendan Stone, the Chair of the Service User Engagement Group (SUsEG). It was confirmed that there are limited spaces available and even those members of staff who had been invited because of their long service have been unable to bring a plus one due to the large numbers already attending. However, the Chair said she would speak to the Trust Chair, Jayne Brown for a definitive response and feed back to Dr Crimlisk.

**iv) Membership of the Workforce and OD Committee**

Ms Stanley asked for confirmation of the Non-Executive Director attendance at this Committee. The Terms of Reference state that the membership of WODC consists of three NEDs (one of which to be the Chair of the Committee) and four Executive Directors. Committee will be deemed quorate provided that there is a minimum of three members (at least two NEDs and one Executive). Ms Stanley is a confirmed member of the Committee and Cllr Bramall responded that he had previously indicated that he would also be a member. Ms Stanley added that the Annual Report requires the membership and attendance of Committee members to be reported and it would be unfair to Cllr Bramall if he was not aware that he was an official member of the Committee and but is recorded as absent.

**v) Use of the WODC Agenda Planner format by other Committees**

The Chair re-iterated that WODC had agreed that other Committees should use the WODC Agenda Planner format for their meetings but no official confirmation had yet been communicated. The Chair agreed to mention this at the next meeting between NEDs and The Trust Chair, Jayne Brown.

**vi) New starters training (safe and recommended length of time that new starters should commence and complete their training)**

The Chair requested that the paper regarding the above, that Guy Hollingsworth referred to at the November meeting, is received by WODC after it has been to EDG.

Chair

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	<p><b>vii) Occupational Health Contract update</b> Mr Wilson reported that there has been a change to the requirements for the OH Contract (currently provided by STH). Mr Wilson has been working with Vivienne Morley, Head of Procurement and the documents have been prepared ready to go out to tender for a new provider of the Occupational Health Service for the Trust. However, Mark Gwilliam, Director of HR at STH has recently advised Mr Wilson that STH are withdrawing from the Workplace Wellbeing contract. Given that STH are the largest single user of our WWB Service, this could have implications for the viability of the WWB service going forward and Mr Wilson is due to meet with Gwyneth De Lacey and Rebecca Haines soon regarding a review of the WWB Service as a whole. This could mean that any potential provider of the Occupational Health Service will need to provide WWB services also.</p> <p><b>viii) Meeting with Dr Mukani Purva (Anti-bullying tsar at Hull &amp; East Yorkshire Trust)</b> Ms Parry reported that contact has been made with Dr Purva but no date has been agreed as yet. Other colleagues have expressed an interest in meeting with Dr Purva as well so it could be beneficial if the meeting was held at SHSC. Ms Parry to update at the next meeting.</p>	CP
2c/01/17 WODC	<p><b>2c Action Log</b></p> <p>Committee members received the Action Log for information and the following was noted:</p> <p><u>Item 1</u> – Doctors in training and Doctors who are substantive/permanent. Already referred to under matters arising. See 2bii above.</p> <p><u>Item 10</u> – Mandatory Training compliance v patient safety. Guy Hollingsworth to include this in his MT Report for EDG prior to being received by WODC.</p> <p><u>Item 11</u> – New Starters Training. Guy Hollingsworth to include this in his Mandatory Training Report for EDG prior to being received by WODC in April. See also 2bvi above.</p> <p>The Chair confirmed that all of the other actions on the WODC Action Log have been completed.</p>	GH GH
3/01/17 WODC	<p><b>3 Agenda Planner - Work Programme</b></p> <p>Committee members received the Agenda Planner for information.</p>	
4/01/16 WODC	<p><b>4a Workforce Report</b></p> <p>Mr Wilson presented the Workforce Report and the following key points were noted:</p> <ul style="list-style-type: none"> <li>• There have been issues this quarter with the information contained within Electronic Staffing Record (ESR). In particular, a delay in the closing of absence forms has come to light which has had a negative affect on the figures. Therefore extreme caution should be applied when looking at the data due to these incomplete reporting procedures.</li> </ul>	

- The Sickness Absence Rate for Quarter 3 is 6.24%. This is an increase of 0.95% on the previous quarter.
- Following a query from Ms Stanley regarding sickness absence the Chair agreed to revisit this element later on in the agenda when the Promoting Attendance Case Manager is present. In response to a question from Cllr Bramall regarding the possible reduction in staff impacting on the sickness absence of those staff who remain and are doing more with less, Mr Wilson confirmed that there would appear to be evidence of a steady increase in the number of causes of absence being linked to stress and anxiety. Ms Stanley commented on the importance of return to work interviews to unpick the reasons behind absence wherever possible.
- The Turnover Rate for the 12 months ending 31<sup>st</sup> December 2016 is 12.21%. This is still within the Trust's target for staff turnover rate but is towards the higher end of the scale. The Primary Care Directorate is undergoing continued restructuring which accounts currently for their high turnover rate. Ms Stanley asked if there were any key posts being vacated that could cause concern regarding quality of care. Mr Wilson replied that apart from a couple of Doctor posts that are vacant the only other staff group that the Trust is struggling to recruit to is qualified Nurses. However, this is an issue nationally and not specific to the Trust.
- Mr Wilson added that the clearing house arrangements the Trust has with Sheffield Children's Trust and Sheffield Teaching Hospitals have recommenced which allows each Trust to look at the problem recruitment areas to establish if a move of staff from one Trust to the other could be enabled to help resolve any short-falls in recruitment. However, given the amount of redeployment that will be taking place at the Trust over the next few months Mr Wilson did not envisage any difficulty in recruiting to posts unless they are extremely specialised. Mr Easthope explained that Committee need to be assured that there are systems and processes in place to address the issues rather than getting involved in the minutiae of the numbers. For example, the work-plan and data from the Redeployment Coordination Group, coupled with some analysis of where statistics do significantly change, would be more helpful. Cllr Bramall agreed that there must be a margin of statistical variance that can be used to determine if there are any key themes or trends to report on.
- A conversation took place about the relatively high turnover rate at Clover Group and, following a query from Mr Mills, Mr Wilson explained that he did not expect to be reporting similar figures this time next year, although the Primary Care Service does historically experience more turnover than other GP Practices. Ms Parry added that the HR Directorate Partner for Organisational Change (Sarah Bawden) is working through the organisation change process with the Clover Group and assessing the impact, but is also looking ahead at leadership and management requirements going forward. An element of stability is expected for the future of the service.
- As at 31<sup>st</sup> December 2016, FTE is 2319.70 and FTE with band and non NHS spend is 2536.85. The overall staff headcount trend continues to show a downward trajectory as services reconfigurations take place.

- As at 31<sup>st</sup> December 2016 the compliance rate for Personal Development Reviews (PDRs) is 95%. This further demonstrates that the continued work in this area is becoming better embedded in Trust culture. Additional criteria have been added to this initiative as we attempt to drive up staff performance, accountability and ownership.
- The Chair reported concern regarding the 142 employees who have not received their pay progression increment due to not fulfilling the criteria. Mr Wilson explained that there are a number of factors that determine whether someone receives their incremental pay progression or not – including completion of their PDR and Mandatory Training.
- The Chair asked for a report on incremental progression at a future meeting of the Committee to include the criteria and a breakdown across pay bands.

DW

#### **4b HR Directorate Business Plan Action Plan 2016-17**

Mr Hollingsworth attended the meeting for the next four items.

Whilst we are in the process of setting the business planning cycle for next year it is important to re-cap on what was agreed would be achieved this year. Committee members were presented with a copy of the HR Directorate Business Plan Action Plan for 2016-17 which is a live document.

The Action Plan has been developed by the HR Directorate in order to track the actions agreed as part of the HR Directorate Business Plan for 2016-17. It was noted that most of the actions are completed or on track. However, some of the actions may roll-over to 2017-18 (e.g. developing a plan for ePersonal Files).

There are of course other work-streams (e.g. Leaving Fulwood and redeployment planning for service closures) that have arisen during the year and therefore did not form part of the 2016/17 HR Directorate Business Plan.

Work on the 2017-18 HR Directorate Business Plan has already commenced. A key focus will be - improved systems to assist the HR Directorate in meeting its responsibilities whilst meeting budget reductions.

The Chair queried a statement on page 3 of the Action Plan that says that the Trust has no control over the limitations of ESR. Mr Hollingsworth explained that the outbound interface from ESR, that is run by the Department of Health, doesn't contain certain data sets within it, such as - PDR information, historical whole time equivalent information and training requirements. This means that QlickView cannot be used to obtain any of this information. The Trust have challenged these limitations in the past but quickly realised that it is beyond our control. In answer to a query from Cllr Bramall, Mr Wilson reported that our PDR and Training figures are not affected by this glitch as we have other ways of obtaining the data.

The Chair thanked Mr Hollingsworth for an interesting and useful document.

#### 4c Mandatory Training update

Mr Hollingsworth reported, that despite issues with systems previously mentioned, we have still been able to provide monthly reports for Trust Performance Reports and Directorates, and are trialling some team reports this year. Committee will already be aware of the background relating to previous low compliance rates and the contract performance notice imposed by the CCG, who have increased the compliance target from 80 to 90%. It is challenging but progress is being made against these targets and the rate is currently over 80% in most subject areas, and there are indeed some at 90% compliance.

The report describes issues with some subjects where there are still concerns with compliance and steps are being taken to improve this. The Mental Health Act training is one of these areas and will therefore need significant expansion. The uptake of eLearning on Dementia and Autism Awareness (DAA) is not as high as it should be although there are some issues with eLearning itself. There is an opportunity to consider whether or not DAA is made one of the all staff mandatory training subjects – approximately 90% of staff need this subject anyway.

Mental Capacity Act Level 1 – making progress but a large number of staff need to undertake this.

Mental Capacity Act Level 2 – there is a training programme which has been running all year but the trainer has left and cover has been needed. On plan to reach the target for this training but it will take until June 2017 to reach the required compliance levels.

Respect level 1 is the training required for staff in community teams and is something the Trust were not providing until November 2016 as resources were tied up with Respect levels 3 and 2.

The Respect level 2 programme (1 day) has commenced but maintaining the momentum with this will depend on how it is resourced next year. There is confidence that the compliance target will be reached but will take 15-18 months as there are a lot of staff who require it.

Following a separate concern from the Chair, relating to relatively low rates (for example Clinical Risk Assessment) under the heading of 'Medical' on the compliance report, Mr Hollingsworth explained that this means Medical Directorate i.e. Pharmacy, Medical Managers etc. There are a small number of doctors included under this heading but not all. Mr Hollingsworth added that 'Medical' and 'Non-Medical Support' are grouped under the heading of 'Corporate' when the reports are issued wider than this Committee.

Mr Hollingsworth also confirmed that a programme for achieving training compliance for Doctors has been agreed with Dr Sobhi Girgis.

Need to consider what the requirements are for training Bank staff. We rely on Bank staff to cover shifts and are now reducing agency usage but we do need to consider whether more sanctions should be introduced for this staff group. Current thinking is that we propose to the CCG that the Trust report separately on training for Bank staff and a proposal will go to the Bank Steering Group that Bank Staff will be automatically booked onto training and if they DNA twice they will be made inactive on the eRostering system – with due consideration given to ensuring that wards are not compromised.

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Need to also consider the different groups within Bank and will suggest to CCG that we also report separately on these different groups of Bank staff.

The admin Bank has commenced which will considerably reduce agency spend on admin staff. This particular group of Bank staff, that have already been recruited, will not commence their training until they have secured a placement.

Following a query from Dr Crimlisk regarding staff who have a Bank and substantive contract, Mr Hollingsworth responded that training compliance is currently only reported on the primary assignment. For these staff most Bank assignments are undertaken within the same area of work as their substantive post so the training requirements are the same. However, there may come a point in the future where we will need to consider a different way of reporting in order to capture those individuals who require different training for their Bank assignment.

Mr Mills thanked Mr Hollingsworth for a helpful report and recognised the usefulness of negotiating with the CCG regarding how different groups of staff are reported on, as this has a significant impact on compliance figures and highlights the tremendous pressure that the Trust is under. In fact, the Gulu Team are also considering different ways of operating as the old model of releasing staff to go to Uganda is not working anymore due to additional pressures from work commitments.

Ms Stanley acknowledged the fact that compliance in Mental Health Act and Mental Capacity Act training is improving but suggested there are certain areas, relating to safety, where more work is required.

Mr Easthope added that although Directorates feel that mandatory training itself is much improved, there are areas of change that could be considered. EDG are of the view that Directorates should improve their performance in the required areas of training and, following the feedback received, consideration should be given to, for example, courses being shorter and the content being relative to experience.

Mr Wilson reported that discussions have taken place with neighbouring Trust's as part of the Sustainability and Transformation Programme (STP) with regards to better recognition of mandatory training compliance from other organisations. Mr Wilson thanked Mr Easthope for the feedback from Directorates and added that he has discussed this with Jennie Wilson, Mandatory Training Lead and has also attended the 4 day induction training to understand the content. All areas bar one could be improved. It is unrealistic to try and halve the length of time that mandatory training courses take but a little could be shaved off each and could certainly be delivered in a more up-to-date way.

Mr Hollingsworth confirmed that induction training is being reviewed, as well as mandatory training for next year. Directorate leads are now in place who will be critical to the review and will assist in taking forward feedback from Service Reviews. Other areas of improvement could include – update training being shorter and half days of combined training for staff from the Communities Directorate. Mr Mills added that there could be benefit in improving the quality of training for the trainers.

Ms Stanley asked about the quality of Locum doctors and how the Trust can be assured that they are suitably trained. Dr Crimlisk confirmed that Locums do undertake an appraisal within their Agency which can't be compared to the standard of appraisal required by substantive doctors.

Mr Wilson reported that EDG have been made aware of the difficulty in recruiting Locums that has resulted in breaches of agency caps in this Trust and nationwide. STP groups have also reported this as a concern.

The Chair thanked Mr Hollingsworth for the report and for the considerable improvements in compliance rates so far. Mr Hollingsworth praised the author of the report, Jennie Wilson.

## **5 Review of arrangements in relation to Bank staff DNAs**

Mr Hollingsworth reported that Bank staff not attending shifts equates to about one per month and when this occurs the Bank Staffing Manager meets with the individual concerned, and they may be removed from the Bank System if it is a regular occurrence. This sanction also applies if Bank staff do not attend training on more than two occasions.

## **6 eRostering update**

Mr Hollingsworth had previously prepared an update for Committee in October 2016 but the item was deferred due to CQC meetings. A further update was now provided as at 31<sup>st</sup> January 217.

### Roll-out of Health Roster

Roll-out is now virtually complete for all units previously using the StaffCare Rostering System except some Learning Disability Units. The system is working effectively with no major issues.

### Bank Module

This has now been rolled out and is working effectively.

### SafeCare (not to be confused with StaffCare)

This module is now coming towards the end of the initial pilot. Leadership rests with the senior nursing group (via the newly established Safer Staffing Committee) where decisions will be made as to whether any changes are needed in the acuity model before this is rolled out to other units.

### Agency

The Trust is in the process of setting up the use of eRostering to centralise the interface with agencies for shift based nursing and support work. This has been a little delayed. This is partly because of changes to personnel and also because care needs to be taken to ensure that all units are using the Bank module in a similar manner so that agency use does not inadvertently increase. Once the system is set up it will contain details of all the staff that the four main agencies will put forward. Shifts will not be released to agency (except in exceptional circumstances where block booking is authorised by ward manager or higher) until 48 hours before the shift start time. It will still be possible for the shift to revert back to Bank. The system will provide automated accounts and usage data for agencies.

### eRostering Personnel

Pete Sorrell, eRostering Systems Administrator has now left the team. Amanda Harris has now been appointed as the new Systems Administrator and is in the process of taking up the post. Amanda has previously worked both in the Bank Office and in eRostering and is well experienced. The Bank Office and the eRostering team work closely together.

### Learning Disability Services

Some units within LD (e.g. Buckwood View, Firhill Rise) have transferred onto the new system. There are more complex issues with Supported Living Units as these are not akin to wards and have complex (often individualised) rota structures built around the needs of individual service users living in their own homes. This makes them more complex to set up on a new system. There are also services that are leaving the Trust. Therefore it has been decided to roll-out Health Roster to Locality 1. This has the most straight forward rota pattern and is likely to be with the Trust the longest. The other two Supported Living localities will remain on StaffCare until they leave the Trust but will use the new Bank module for Bank shifts. Now that the majority of the services (including Bank) have been removed from StaffCare the old system is running less slower and less prone to breakdown.

### Sickness Reporting

It has come to light that on some occasions wards are entering separate periods of sickness on the eRostering system where in fact the period of sickness has been continuous. This is a staff training issue rather than a system issue and is being addressed.

### Annual Leave

Staff undertaking Bank working via the new Bank module accrue annual leave rather than receiving a percentage top up to their pay. It has now been agreed with Staff Side that Bank staff **will** be allowed to carry over that amount of their annual leave that has been accrued. This is because annual leave for Bank work cannot be taken before it is accrued. The Bank office will be communicating with all Bank staff throughout February to ensure that they take all of their annual leave before 31<sup>st</sup> March. Work will also be required to update eRostering and annual leave allowances (implementing the system part way through the year meant that annual leave allowances needed to be partial).

Carry-over of leave to the next financial year was originally not allowed for Bank staff however this has now been changed to allow carry-over of leave accrued – some Bank staff will of course accrue leave by working on the last day of the financial year - 31<sup>st</sup> March. Communication with all Bank staff is ongoing to ensure they understand the new procedure for leave. Following a query from Cllr Bramall, it was clarified that there is a maximum cap for leave for those individuals who have a Bank contract and also a substantive contract.

Following a query from Ms Stanley, Mr Hollingsworth confirmed that the old eRostering system (StaffCare) didn't have the capacity to give Bank staff leave so the Trust paid them (12.5% uplift) in lieu of giving them leave. The new system enables Bank staff to accrue leave.

There are however, still some situations i.e. where Bank staff are covering shifts in Community Teams that are not currently on the new system, where ESR12 forms are still used in order to pay them for leave.

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Following a query from the Chair, Mr Hollingsworth confirmed that it is not yet clear how far the SafeCare system will be rolled out beyond wards.

The Chair thanked Mr Hollingsworth for the updates and added that she was also pleased to note that checks remain in place to monitor the number of excess hours worked across the Trust.

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## **7 Workforce and OD Strategic Action Plan**

The Chair reported that she has previously discussed with Mr Wilson the need for a refresh of the Workforce and OD Strategy, that is now overdue. We are aware of the various work-streams that are being taken forward such as the People Plans tying in with the Directorates and the Directorate Business Planning that contains the workforce element, in addition the Trust's strategic plan overarches all of this but, as a Committee, WODC do need to update the WOD Strategy as soon as possible, which is separate to the HR Strategy.

Meetings have been set with Mike Hunter/Helen Crimlisk, Dean Wilson and Sue Rogers to work through the feedback and update the action plan and also to refresh the Workforce and OD Strategy itself.

Ms Parry provided Committee with the following background information. At the last meeting of WODC, Ms Parry presented a draft Strategic Action Plan, and has taken forward comments from members in addition to feedback from a Strategy Business Planning Event on 25<sup>th</sup> November 2016 where each of the enabling strategies of the Trust were presented. HR presented, at this event, the key themes from the People Plans to obtain the feedback from managers. The People Plans have recently fed into the HR Business Plan which was submitted earlier in January. This methodology has also enabled focus on the key challenges in Directorates. The Strategic framework of the whole Trust is being refreshed along with a new Trust vision, objectives and outcomes – this piece of work should conclude around April 2017. There is a significant people plan section within that. So it made sense to await all of the feedback before embedding it within the Workforce and OD Strategy and Action Plan.

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## **8 Improving Attendance Report**

Sue Rutledge, Promoting Attendance Case Manager, attended the meeting and Dean Wilson introduced the report provided.

Following a query from Ms Stanley regarding Return To Work Interviews, Ms Rutledge responded that, although the RTW interview is recognised as the most effective tool in absence management, in her experience RTW interviews, in some areas of the Trust, are either not being undertaken in a timely manner or not being undertaken at all. The reason for this is predominantly related to how busy the individual managers are and in some areas these meetings aren't considered a priority compared to caring for patients.

Ms Stanley asked how Committee could assist HR in galvanising the RTW process within the Trust whilst recognising the pressures that managers are under. Ms Rutledge explained that since producing her paper for WODC an electronic RTW form has been developed that links with SharePoint which will ultimately enable data to be retrieved and reported on in terms of any themes,

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trends or hotspots. Ms Rutledge added that 47 managers have been trained on the new Promoting Attendance Policy since its launch on 1<sup>st</sup> November 2016 so it is hoped that this message is now getting through.

Following a query from the Chair regarding the analysis undertaken at Birch Avenue, Woodland View and Substance Misuse, Ms Rutledge clarified that the overriding factor from many areas was low morale. Other analysis included the reasons for the high levels of sickness in these areas which allowed solutions for improvement to be offered to reduce sickness absence. This was done for example, by staff engagement events, survey monkey questionnaires, and performance information. Ms Rutledge has worked closely with managers in the 3 service areas by reviewing monthly reports to include 12 months of sickness data which highlighted the trigger points and the current situation for individual staff members in terms of possible progression to formal stages of the policy, which meant providing dedicated support on the sickness position for each service area.

Meetings with team managers take place on a regular basis to discuss and ensure that current systems are fit for purpose, and to discuss options for better ways of recording sickness, and how triggers are identified etc. This work has included, addressing issues relating to initial contact when staff members phone into work sick, and also discussing the importance of Return to Work interviews (as mentioned earlier), and also auditing if they have taken place.

Ms Rutledge added that she now has data relating to these pieces of work which indicates that the sickness absence rate at Birch Avenue has increased slightly whereas Substance Misuse (in certain areas) has decreased. Mr Wilson added that the increase at Birch Avenue is probably linked to the uncertainty of the unit. Mr Wilson and Ms Rutledge also met with the Senior Management Team at Substance Misuse to talk through some of the concerns with a number of sickness absence cases and to assist the managers with the process.

Cllr Bramall asked how the steady reduction in the sickness absence rate at the Trust over the past 12 months compares with similar Trusts and if it can in anyway be attributed to the changes that have been introduced such as the introduction of the new policy and the appointment of the Promoting Attendance Case Manager. Ms Rutledge explained that there is no guarantee that these changes alone are the reasons for the improvement of the sickness absence rate at the Trust but it appears to have had some impact and across other Mental Health NHS organisations the Trust is heading towards being below the national average in terms of our sickness absence rates. The national average is 7%.

On a different note, Ms Stanley asked if the Trust has a formal change management strategy to assist staff through organisational change. Mr Wilson confirmed that there are policies and processes in place to manage organisational change and Ms Parry confirmed that the HRDPs work closely with Ms Rutledge with regards to the difficult cases they manage and there is a HR Directorate Partner (Sarah Bawden) specifically appointed to work with staff and managers through the organisational change processes.

The Chair confirmed that she has in recent weeks received positive comments from members of staff going through some form of change process or other who have been well supported by HR.

Dr Crimlisk queried the low sickness absence rates for the Clover Group and asked if there was any learning to be taken from this group of staff or if there are legitimate reasons for the low rate that could be explored.

Mr Wilson reported that the Staff Survey Results are expected in the next couple of months and it will be interesting to see how well the Trust have scored with regards to factors such as stress and anxiety. The percentage of stress and anxiety at the Trust, as a proportion of total absence across the whole country, is quite a bit below the national average. This is an indicator of the robust support mechanisms that we have in place for staff, albeit there is a significant period of change due across many areas of the Trust which could result in a marked change to future scores.

Further to a query from the Chair, Mr Wilson explained that the increase in the number of sickness absence cases being reported, that are in the formal stages of the process, is probably attributable to the work of the Promoting Attendance Case Manager as managers are now being guided through the process and how to apply it consistently and fairly. Also, the removal of the informal stage of the process from the new policy means that line managers have a decision to make relatively early on with regards to those individuals who have reached trigger points.

The Chair thanked Ms Rutledge, and Committee agreed the report provided could go straight to February Board.

HW

## **9 Health and Wellbeing update**

Mrs Edwards, Director of Therapy Services, attended the meeting and the following was noted.

Since the '12 for 12' project in 2011/2012 there has been no overall plan for staff health and wellbeing. However, the Trust is keen to support staff health and wellbeing initiatives in order to:

- Reduce staff absence from both physical and emotional illness
- Improve the general physical and emotional wellbeing of our staff
- Ensure staff are fit and able to support service users in activities
- Support alternatives to smoking
- Meet requirements for the staff health and wellbeing CQUIN on the national contract.

A number of initiatives, already in place, that support staff health and wellbeing have continued e.g. Workplace Wellbeing and the Cycle to Work Scheme whilst others have been developed e.g. Schwartz Rounds, Coaching, Compassion Conference, 'Work Out at Work Day'.

In April 2016 a national CQUIN was put in place requiring NHS trusts to undertake the introduction of health and wellbeing initiatives covering physical activity, mental health and improving access to physiotherapy for people with MSK issues.

The Trust submitted a plan to deliver on these 3 areas and, in addition to develop a Staff Health and Wellbeing Group to pull together work across the organisation.

### **Initiatives around Physical Activity**

**Wellness Intervention** - 36 pilot sessions finished early October. All places were booked within 2 weeks. Very well evaluated with 100% said it was useful, 88% learnt something new, 80% would make lifestyle changes mainly around increasing physical activity and improving their diet, based on the results. At least one manager asked if this could be taken to his base for his staff to book into. We had hoped to roll this out further but it has been held back by funding issues.

Mr Mills suggested that, given the Wellness Intervention was so positively received, that the Trust should consider including this as a priority for regular funding going forward.

**Promoting physical activity** - The Trust promoted the Move More challenge month and held a number of initiatives including Fulwood stair challenge, establishing a running group and more recently the 'bootcamp' sessions. We continue to promote Cycle to Work and information on the intranet.

**Access to Physiotherapy and pain management** - For fast track re MSK problems and back care advice. This is taking a little longer to organise than hoped, as we do not have MSK specialists within the trust for acute MSK problems, so we will need to buy in expertise and will need funding to do this. Possibly the use of some of the CQUIN money or alternatively the funding previously allocated to pay for the back care service we commissioned from STH. We are also exploring the development of pain management group with psychological practitioners alongside physiotherapy but again this will require some re-allocation of funding. We are also still exploring arrangements re back care advice as a preventative measure as these changed last year as part of the STH arrangement.

**Mental health, stress support and access to computerised CBT** - working with Workplace Wellbeing and IAPT on this, but will require some financial resource from the CQUIN money.

**Staff Health and Wellbeing Group** - has just been established.

The remit of the group will be to:-

- Support staff to remain well and be well in work
- Develop a strategy for staff health and wellbeing
- Develop staff engagement around health and wellbeing
- Promote staff health and wellbeing including information and resources on the intranet/internet
- Develop initiatives and review progress on CQUINS for 2016/17 (and 2017/18 & 2018/19)
- Inform, plan and take forward practical projects on staff health and wellbeing
- Link to other Trust-wide initiatives e.g. Physical Health Improvement Group
- Coordinate work on staff health and wellbeing and disseminate
- Produce a quarterly report for WODC (due in July 2017)

JE

Early pieces of work for the Staff Health and Wellbeing Group will include the development of a strategy and a dedicated staff health and wellbeing page on the Trust Intranet.

Dr Crimlisk suggested that the important work resulting from these initiatives, in particular the Wellness Interventions, should be targeted at those areas with high levels of stress, anxiety etc. Dr Crimlisk added that she is also aware of other initiatives in the Trust, not mentioned on the intranet page, and one way of capturing these could be to include them as one of the Recognition Awards as good initiatives happening locally. Mrs Edwards agreed that this would be a great idea and added that there is a plan to improve the Trust intranet page on staff health and wellbeing.

## **10 Communications Strategy**

Ms Saunders attended the meeting for this item and the following was noted.

Ms Saunders came into post in September 2016 and one of her roles is to oversee the communications of the Trust and how it is delivered. A component part of that is a Communications Strategy which will be developed pending the appointment of a Head of Communications in the Summer of 2017, as agreed by EDG in December. Pending this substantive appointment an interim person will be in place. Ms Saunders added that the EDG Development Session yesterday provided an over-view of what the Trust Communications both internally and externally will look like over the coming year to two years, taking into account the financial challenges ahead, the transformation agenda, and the shape of Trust services in the near future.

Following a couple of queries from Committee members regarding the delayed appointment of a Head of Communications, Ms Saunders reassured Committee that ground-work is progressing on a draft Strategy, that should be available in the next few months with a position statement expected at April Board. Mr Easthope added that the Session yesterday was extremely useful and it is clear that Communications will be much improved even before the substantive appointment is made. The framework for the Communications Strategy can be produced before the Head of Communications is in post with a view to the post-holder adjusting it / reshaping it where necessary.

Ms Stanley asked if Board could receive a fulsome report soon on the EDG Development Session, rather than a position statement, with a draft Communications Strategy to follow. Ms Saunders agreed and the Chair thanked her for the update.

MS

## **11 Carers Strategy**

Ms Allen attended the meeting for this item and the following was noted.

The Trust is committed to improving the experience of carers and families and have developed a Carer's Strategy collaboratively and mindfully reflecting stakeholder views, concerns, legislative changes and available resources. The strategy sets out the Trust's commitment to carers and provides an operational framework for staff.

It is underpinned by an implementation plan to support the Trust to deliver improvements that can be regularly evaluated over the lifetime of the strategy to help us measure and demonstrate impact. The Carer's Strategy has been ratified by EDG.

Resource documents have been produced in conjunction with Carers and Young Carers. They are now also available online.

Following a query from Ms Stanley regarding how the data is collected, Ms Allen replied that there is an initial assessment to establish if someone is a carer/young carer. The I.T system is being improved to collate the information. Ms Allen has also met with the Clover Group. Mr Mills is aware of the work that Steve Knight is leading on regarding access of service users and young service users which could link with Carers.

Following a query from the Chair about the report being submitted to the Quality Assurance Committee, Ms Allen said that she has met with Tania Baxter and established that it does tie in with other Strategies of the Trust and should perhaps sit with the Service Users Engagement Group (SUsEG) going forward. Dr Crimlisk was present at the last meeting of SUsEG where this point was raised and reported that, although there was enthusiasm for collaborative working, members of the group felt that SUsEG is not the right forum for the work-streams of the Carer's Strategy.

The Chair said she would ensure that the Chair of the Quality Assurance Committee, Mervyn Thomas is aware of the report and WOD Committee members agreed that it would be ultimately be EDG's decision where the governance arrangements sit for the Carers Strategy.

The Chair thanked Ms Allen for a useful report.

Chair  
DW

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## 12 Apprenticeship Levy

Ms Dickinson attended the meeting for the next two items and the following was noted.

National apprenticeship reform is well underway and policy changes will be implemented in April 2017. These reforms will be funded by the introduction of a new apprenticeship levy. The levy will be paid by employers with a pay bill of over £3m at a rate of 0.5% of the pay bill. For SHSC this is estimated at 250k in 2017/18 with future payments fluctuating depending on the overall size of the organisation. New simpler apprenticeship standards are being introduced to give employers more control over designing, choosing and paying for the training that meets their needs. We are working with local partners to build and expand the training offer for staff across health and social care organisations. A key part of the SHSC plan is to use the levy to support identified Trust needs for leadership and management development. SHSC are also leading the development of a Mental Health Recovery training pathway for support workers across mental health trusts in South Yorkshire.

Pending discussion at Business Planning Group the following next steps have been identified.

- Consultation is underway with Directorates and Professional groups to ensure decisions on training investment align to, and support service needs and the priorities identified in the People and Workforce plans.
- Opportunities for supporting existing staff training needs are being prioritised, in particular those staff (displaced through organisational change) who are retraining for alternative roles.
- Review of new apprenticeship standards to identify relevant training qualifications for a range of clinical and corporate staff from entry level to degree level.
- Working in partnership with finance to review the current organisational spend on education and training and identify where the levy can be used in place of other income.
- Setting up the digital account required to calculate, report, and pay their levy liability through the Pay as You Earn (PAYE) process and draw back funds to pay training providers.

### 13 Leadership and management training pathway

Organisational Development (OD), Education Training and Development (ETD), Human Resources, and Equality and Inclusion Leads have worked collaboratively to bring this joint proposal to EDG/WODC for a leadership and management training pathway and supporting framework. Organisational leadership needs have been identified through diagnostics and available data and intelligence to support this proposal.

- Directorate People Plans
- The supportive leadership group
- The National Staff Survey
- Trust business planning workshop, and
- The Annual Strategic Workforce Return.

The data and intelligence gathered consistently highlighted a lack of opportunity for leadership and management development training and inequitable access for managers at all levels.

On 5<sup>th</sup> January EDG agreed the proposed leadership training pathway as a model of delivery and the proposed accountability and governance framework for leadership development. However, the need for a certain level of investment in leadership has been identified but not supported in the current financial climate. This means that implementing the leadership pathway will have an impact on other areas of responsibility within ETD and OD teams.

This initiative is a key element of the apprenticeship levy plan, in partnership with other local Trust (as part of the STP agenda), with links to the Trust's Coaching Programme that is already established.

The Chair thanked Ms Dickinson for her reports. Ms Stanley and Ms Dickinson to have a separate discussion outside of the meeting with regards to an overview of both items.

AS  
KD

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## 14 Workforce Race Equality Standard – targets 6 monthly update

Mr Wilson presented this item in the absence of Liz Johnson and the following was noted.

The Workforce Race Equality Standard (WRES) is a national standard, introduced in July 2015. The aim of the WRES is to respond to the lack of progress in race equality in the NHS. SHSC published its second WRES report and an annual action plan in July 2016 and WRES Targets to 2021 were agreed by the Trust Board in July 2016. Committee were provided with a half year progress report covering the period July 2016 to December 2016. The report covers progress against Targets and progress on action agreed for 2016/17.

Mr Wilson reported that the report highlights that the Trust has some improvements to make in terms of the set metrics identified. However, the Trust have a number of work-streams in place to take forward the pieces of work, and a BME Conference took place last year. These initiatives place us ahead of other local Trusts in respect of progress being made.

The Chair said it was extremely useful for Committee to receive the data and be assured of progress, and referenced a couple of the metrics. The Chair asked Mr Wilson to thank Ms Johnson for her report.

DW

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## 15 Values Based Recruitment

Mr Wilson presented this item in the absence of Louise Robson and Dianne Crookes and the following was noted.

Many NEDs have been involved in recruitment processes (i.e. when a specific candidate meets with the NEDs as a group) but they may not necessarily have had any involvement in the interview panel itself. Values Based Recruitment (VBR) forms the basis of how the interview panel proceeds, in addition to the Assessment Centre questions that are necessary with certain roles.

VBR has been developed to use as a framework within the Trust (since 2015) as part of our response to the Francis report. VBR is a method of recruitment whereby the organisational values are at the heart of the recruitment criteria. This supports appointing people who are aligned to the organisational values. A comprehensive suite of documents are available and is fully embedded into the Recruitment & Selection Training that is delivered periodically throughout the year. VBR now forms part of the normal recruitment process.

A conversation took place about the real value of pre-determined questions. Mr Wilson explained that the questions can be used as a guide and may be tweaked to suit a particular situation where necessary.

Following a question from Ms Stanley, Mr Wilson said that we do not currently ask candidates for feedback on our recruitment processes but we do offer feedback on how they did, which isn't always taken up. This provides them with an opportunity to provide feedback to us in return should they wish to.

## 16 Leaving Fulwood update

Mr Wilson provided an update and the following was noted.

The necessary steps are being put in place to leave the Fulwood site earlier than planned at the out-set. A number of moves will take place from the Technical-block into the Tower-block in April 2017 (following the relocation of non-SHSC staff from the Tower-block). Mr Easthope confirmed that the moves should be complete by May/June 2017.

## 17/01/16 17 Accountability (received by Committee for information) WODC

### a) Board Risk Profile

Committee received the Board Assurance Framework for information. A conversation took place about one entry in particular on the Confidential Board Risk Profile. Ms Stanley queried the high score and asked that the Trust review the scores periodically to reflect the current situation.

### b) Board Assurance Framework (BAF)

It was noted that improvements have been made in relation to the risks identified. However, the Chair said she would meet with Mr Wilson to do more work on the wording of the workforce section. Ms Stanley added that the Audit Committee are reviewing the BAF at their meeting this afternoon.

### c) Joint Consultative Forum (JCF) – CONFIRMED notes dated 21-09-16

Committee received for information.

### d) Joint Consultative Forum (JCF) – CONFIRMED notes dated 16-11-16

Committee received for information.

Chair  
DW

## 18/01/16 18 Evaluation of Meeting / Chair's Significant Issues Report WODC

The Chair, provided an evaluation of the meeting and the following was noted for the Significant Issues Report for December Board:

- The Board Assurance Framework was challenged regarding some of the detail of information it did not provide and this will be updated.
- The Workforce Race Equality Standard Update highlighted some progress but there were areas still of concern.
- In the Workforce Performance Report it was noted that 142 staff had not received their incremental pay progression because they had not satisfied the criteria. This issue is to be explored further.
- In the eRostering Update the Committee discussed the next stages with regards to the new system and welcomed the developments around Bank.
- Committee welcomed the Health and Wellbeing update particularly the Wellness Intervention Sessions.

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19/01/16 19 **Any Other Business**

WODC

a) Staffing Establishments

Mr Wilson is meeting with Liz Lightbown and Giz Sangha soon and will feed back to Committee any items of significance.

b) Audit Reports

The Chair asked for workforce related Audit Reports to be issued to WODC. Mr Easthope added that this request had also come via EDG/Audit Committee.

No further business was reported.

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SR checked 12-04-17, confirmed at meeting 18-04-17.

**Date of next meeting: Tuesday 18<sup>th</sup> April 2017, 9.00am-12.00pm, Rivelin Boardroom  
9.00am-12.00pm, Rivelin Boardroom, Fulwood House**

Apologies to: Helen Walsh, PA to Director of Human Resources,  
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