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 <u>Wednesday 2nd November 2016</u> at 9am in the Tudor Boardroom, Old Fulwood Road, Sheffield, S10 3TH. This date was re-scheduled from 31st October 2016.

WODC 31-01-17
Item 2a, 2b
UNCONFIRMED

Present:
1. Susan Rogers — Chair / Non-Executive Director of the Board (SR)
2. Dean Wilson — Director of Human Resources, Associate Director of the Board (DW)
3. Liz Lightbown — Director of Nursing, Professions & Care Standards, Executive Director of the Board (LL) (part)
4. Clive Clarke — Deputy Chief Executive, Director of Operations, Executive Director of the Board (CC)
5. Richard Mills — Non-Executive Director of the Board (jointly on behalf of Cllr Leigh Bramall) (RM)
6. Mervyn Thomas — Non-Executive Director of the Board (jointly on behalf of Cllr Leigh Bramall) (MT)
7. Dr Helen Crimlisk — Deputy Medical Director (HC)

In Attendance:
8. Caroline Parry — Deputy Director of Human Resources (CP)
9. Guy Hollingsworth — HR & Workforce Key Projects Lead (for items 4b, 4c) (GH)
10. Karen Dickinson — Head of Education, Training and Development (for item 9) (KD)
11. Liz Johnson — Head of Equality and Inclusion (for items 11, 12a) (LJ)
12. Helen Walsh — PA to Director of Human Resources, Associate Director of the Board (notes) (HW)

Apologies:
13. Dr Mike Hunter — Medical Director / Executive Director of the Board (Helen Crimlisk in attendance)
14. Cllr Leigh Bramall — Non-Executive Director of the Board (Mervyn Thomas / Richard Mills in attendance)
15. Phillip Easthope — Director of Finance, Executive Director of the Board
16. Ann Stanley — Non-Executive Director of the Board
17. Margaret Saunders — Director of Corporate Governance, Board Secretary
18. Julie Edwards — Director of Therapy Services

			Lead

1/11/16 WODC — 1 — Welcome & Apologies

The Chair welcomed members to the meeting and the apologies were noted.

The Chair thanked Committee Members for their support and patience due to the meeting date being changed at short notice.

2a/11/16 WODC — 20a — Minutes of the meeting held on 6th July 2016

The minutes of the meeting held on 6th July 2016 were agreed as an accurate record with the following two amendments:

Page 2 - Reporting of RIDDOR related incidents
Committee members agreed that incidents would be ~~cascaded~~ **escalated** to Board as and when appropriate.

Page 7 – Brexit from the EU
Mr Taylor said that he would reference this in his next letter to all staff. Action Complete.
KT's initials had been omitted from the 'Lead' column.

The confirmed WODC notes dated 6th July 2016 will be submitted to Board Members for the December 2016 Board Meeting.

2b/11/16 WODC	**2b**	**Matters Arising from 6th July 2016**	

2b/11/16 WODC	**2b**	**Matters Arising from 6th July 2016**	
		i) **Leadership & Management training pathway** Mr Wilson confirmed that an update would be shared with Members at the next meeting of the Committee in January 2017.	DW KD
		ii) **Medical Directorate (ESR information as at 23rd June 2016)** Mr Wilson confirmed that Rachel Warner's initial query had been resolved. The Chair asked for an email to be circulated to Committee members explaining the detail of the matter and the outcome.	HC
		iii) **Nurse Revalidation figures and Staffing Capability and Capacity Reports** It was noted that the above can be made available to WODC Committee members but colleagues were reminded that some of the detail will already be reported to Board. Following discussion it was decided that the frequency of such reporting to WODC would be down to the discretion of the Chair.	
		iv) **Mental Health Nurses** Mr Mills reported that a Parliamentary Answer published in the Press recently indicated that there has been a sharp decline in the number of Mental Health Nurses qualifying since 2010, of about 15%.	
		v) **RIDDOR statutory requirements** Mr Wilson reported that he had received from Charlie Stephenson, Health and Safety Risk Adviser, a list of injuries and illnesses that are classed as RIDDOR. Mr Wilson to circulate both lists to Committee members via email. It was confirmed that any issues of a serious nature occurring in the Trust would automatically be reported to the Board under the Serious Incident Procedures. Lower level issues are dealt with by the Health & Safety Committee which Board members receive notification of in the minutes.	DW
2c/11/16 WODC	**2c**	**Action Log** Committee members received the Action Log for information and the following was noted: • <u>Doctors in training and Doctors who are substantive/permanent</u> The Chair and DW to raise with MH/HC to decide what may be beneficial to consider at WODC in future. • <u>Presentation on Values Based Recruitment</u> The Chair reported that this item was removed from the November agenda due to the length of the meeting being shortened and indicated that it would still be useful for Committee members to receive a presentation on the subject in either January or April 2017. Mr Clarke reported that VBR is now em-bedded into the Recruitment Policy. • <u>Staff Recognition Awards</u> The Chair reported that correspondence is being circulated regarding the Recognition and Achievement Awards that are taking place on Thursday 9th February 2017. A brief, verbal update will be provided to WODC members at the next meeting in January 2017.	SR/DW MH/HC DW SR
3a/11/16 WODC	**3a**	**Terms of Reference** The Chair reported that she had met with Jill Dentith, former Board Secretary and the Terms of Reference had been amended accordingly. WODC Committee members had no further comments to make and the document was therefore agreed as final.	
3b/11/16 WODC	**3b**	**Agenda Planner - Work Programme** The Chair reported that, following the last meeting, the WODC Agenda Planner – Work Programme had been significantly modified and is loosely based on planners from other Trust Committees, however, it was recognised that the complexity of the work of Human Resources and Workforce covers many different subject areas. The WODC Agenda Planner is therefore condensed into six separate sections:- 1. Development of a positive work environment, 2. Education, Training and Workforce Development, 3. Organisation Development and Change, 4. Equality and Diversity, 5. Effectiveness of Workforce Operation and 6. Audit and Governance.	

Underneath each of the six sections are sub headings which cover the elements described in the WODC Terms of Reference.

Mr Mills asked if it may be appropriate for other Committees in the Trust to adopt this format for their agenda planning in order to establish ease of demonstrating which item will be dealt with at which point in the year.

| 4/11/16 WODC | **4a** | **Workforce Report** |

Mr Wilson presented the Workforce Report and the following key points were noted:

The Sickness Absence Rate for Quarter 2 is 5.30% which is a decrease of 0.25% from the previous quarter. It is also an excellent result that sickness absence for the month of September reduced to 4.68%, which is the lowest figure for the Trust since Q3 2009.
It is still very much work-in-progress but an excellent improvement over the last few months which can be mainly attributed to the appointment of the Attendance Case Manager.

The new Promoting Attendance and Managing Sickness Absence Policy was introduced from 1st November 2016.

Turnover rate for the 12 months ending 30th September 2016 is 12.41%. This is still within the Trust's target staff turnover rate but is toward the higher end of the scale. Primary Care Directorate is undergoing restructuring which accounts currently for their high turnover rate.

As at 30th September 2016 PDR compliance is 93%. This further demonstrates that the continued work on this area is becoming better embedded in our culture. Additional criteria have been added to this area of work as the Trust attempts to drive up staff performance, accountability and ownership. The move to a Focal Point Window (April-June each year) has had a significant impact on the improvement of the percentage rate for PDR and the links with PDR and Mandatory Training to Incremental Pay Progression have also had a significantly positive effect.

Mr Thomas reported that the summary of key points at the beginning of the report is extremely helpful and colleagues should be congratulated for the significant improvement in percentage rates, in particular sickness absence.

Mr Thomas queried the fact that the data linking some sickness absence cases to bullying and harassment shows that they appear to take a long time to resolve when clearly this type of reason for sickness absence should be resolvable quite quickly. Mr Clarke added that in some cases the original reason for sickness manifests into another reason for remaining off sick. Ms Parry added that work is on-going with the particular cases in question to explore further why they remain part of an investigation process and what are the underlying factors keeping them off work. HR also operate a mediation process to resolve bullying and harassment claims informally wherever possible before going down the formal route.

Mr Mills pointed out that it appears ironic that almost a third of all sickness absence cases in the Trust are attributed to anxiety, stress and depression given that we are a mental health Trust. Mr Wilson responded that there is a small team looking at developing a fast-tracking process for staff in respect of low level psychological issues. The new Attendance Case Manager, Sue Rutledge and the Director of Psychological Services are part of this group. Another Group is looking at developing a fast-track process for staff in respect of musculoskeletal (MSK) issues. Anxiety, stress, depression and MSK are the two most common reasons for staff not attending work so if the Trust can get these staff back to work more quickly the sickness absence figures will improve. Mr Mills asked if there is any training available for staff to be able to build up resilience to be able to cope with anxiety, stress and depression.

Ms Lightbown attended the meeting at this point and reported that the Trust offers a number of initiatives such as the Coaching Service, Schwartz Rounds, Compassion Conference plus other staff health and wellbeing services that are available. Ms Lightbown added that a cohesive strategic approach to this issue is about building the emotional resilience in our staff to give them the capacity to deal with the emotional labour of caring. Often clinicians at the front line are dealing with clients who have had a variety of life experiences that have resulted in them having serious or ongoing mental health problems.

The Coaching Service offered by the Trust has the capacity to be transformational for staff and for the Trust. The quality and content of Supervision sessions can be key to understanding issues before they escalate. Dr Crimlisk added that we need to be able to offer a wide range of services to staff that they can access quickly and easily i.e. a more specific intervention such as the fast-track to psychological services that is being developed. A conversation took place about perhaps having a more sophisticated approach to employment contracts for some staff which would mean that they work when they are well enough. There is also a misconception that the only staff affected by anxiety, stress and depression are those working on the front-line whereas quite often, as the figures in the Workforce Report show, it can be admin and clerical staff who are affected by these issues.

Mr Clarke suggested that a piece of work should be undertaken, perhaps by the Attendance Case Manager, to understand what interventions are available for staff. Mr Mills added that it is worth looking at what the Ambulance Trust provides for their staff. Ms Parry added that it is patched within the Workforce Strategic Action Plan under Staff Wellbeing in terms of looking at resilience training and support and preventative measures. Mr Wilson to inform Sue Rutledge of the additional elements required in her report for January WODC.   **DW**

The Chair asked that the Glossary be moved to the back of the report. DW to inform Workforce Information so they can make this amendment for the January WODC Workforce Report.   **DW**

4/11/16 WODC	**4b**	**Mandatory Training**

Mr Hollingsworth attended the meeting for this item and the following was noted.

Committee members were provided with a report which had been reported to EDG last month. Mandatory Training has been a challenge for the organisation for sometime and considerable work has taken place to try and build a better system. Progress is being made at a reasonable rate but the Trust will be regarded as 'not meeting the requirements' until we are in a position of total compliance.

One of the key areas of progress is performance management within Directorates as well the improvement of training provision and the improvements of the system. The Trust had a contract compliance notice issued by the CCG and as part of that a set of monthly Directorate targets have been developed. The Trust reported back to CCG at the end of September 2016 that we are on track for most of the subject areas. An increased number of courses have been run September through to November, with a plan to cover any gaps in January and March in order to achieve the target on virtually all subjects by March to April. After that a more long-term plan will be required in order to achieve the targets more sustainably because at the moment the methods being used can't be sustained and also need to factor in that more staff are being trained over a shorter period of time. The biggest challenge at the moment is the balance between eLearning (which may appear to be the answer although there are some technical issues regarding accessing it) and line managers preferring to send staff for a full day to receive as much training as possible rather than trying to release them ad-hoc to undertake individual eLearning sessions.

Our sustainability plan needs to consider what fits best for which staff groups. The one subject we suspect we will not reach compliance in by April is Respect Level 1. Respect is the programme that the Trust has adopted in place of Preventing Violence and Managing Aggression. Up until now the resources we have had have only allowed us to focus on levels 3 and 2 [the intense training required for bed-based services] and are only just starting to introduce training for Respect level 1 [for Community Staff i.e. not working in bed-based services but have regular contact with Service Users - approx 1000 staff] and an eLearning package can be developed for staff working at SHSC Head-quarters, for example. GH is due to report back to EDG in December with a plan regarding how we will deliver training sustainably using current resources, apart from Respect – that requires additional resources as only a small number of staff can be trained in this subject at one time and Respect Level 3, for example, is a four day course that requires four trainers so there is a limit to how far current resources will stretch.

One or two subjects are still short of the planned trajectory for compliance, such as DoLS but an increased amount of training has taken place on this subject in the last month so with these significant improvements the position can be defended positively when the CQC visit later this month.

The Chair recognised the amount of progress that has been made. Mr Mills also supported the significant improvement and commended everyone involved.

Mr Hollingsworth responded to two concerns raised by Mr Mills. The first in relation to Information Governance and the effect on the IG Toolkit rating due to the cut-off being 31st January – this is in hand and staff are being made aware earlier that their certificate has expired. The second in relation to realistically being able to sustain the trajectory going forward whilst being mindful that there can be a degree of duplication with the face-to-face training and eLearning. Mr Mills also asked what other Trusts do in relation to eLearning.

Mr Hollingsworth agreed that some duplication is inevitable in order to offer the flexibility and in-fact duplication has increased due to the extra training being made available in certain subject areas. A conversation took place regarding other options for recording training that would need to link with OLM and at this present time it is not known how other Trusts operate to improve their training compliance.

Mr Thomas asked about the potential effect on quality if we are unable to achieve compliance on subjects such as DoLS (Deprivation of Liberty), Mental Health Act, Respect Training and Rapid Tranquilisation, and the potential risk this could pose to patients. Dr Crimlisk added that she is aware that the courses that are available in these subject areas tend to be more focussed around updating and improving on basic skills rather than teaching the basic skills each time. In other words the training has been very much targeted at the audience in recent years which is a great improvement. Mr Clarke also confirmed that, as far as he is aware, there has never been a situation on Units where there is no-one trained in one particular element which means we can respond to out statutory duties. Mr Hollingsworth added that safety checks have been introduced by the Safeguarding Team to ascertain what level of compliance has been undertaken across teams. For example, if we are 60% compliant in a subject – does this mean we are 60% compliant across all teams or 60% compliant in just one team and zero compliant in another team.

Dr Crimlisk asked if there are capabilities within our current systems, or a new system, to provide a regular matrix to staff when they log-on to their computers that reminds them that they are non-compliant in a particular area. Mr Hollingsworth added that unfortunately current systems, and in-fact the new system Qlik-View, does not interface with the Electronic Staffing Record (ESR) or the Oracle Learning Manager System (OLM).

Mr Mills revisited the point raised by Mr Thomas with regards to receiving assurance that quality is being met. It was agreed that this query was partly answered by the checks that Safeguarding are making and partly by the fact that we know that even if not all staff are trained in all areas it is safe to assume that there are adequate numbers of staff trained on each Unit. Mr Hollingsworth added that the CQC have requested percentage rates, and other training data, relating to certain teams which could also be provided to EDG and WODC. Mr Hollingsworth agreed to circulate the information via his next Mandatory Training Report for WODC to include the connection between non-compliance and patient safety and would consider this for an annual report for WODC

Mr Wilson reported that a couple of Directorates had asked about the disparity between the training records held in ETD and those held locally in departments and what work has been done to try and narrow the gap between the two. Mr Hollingsworth responded that the disparity appears to be lessening partly due to Directorates being made aware that the Trust can only report on OLM and to inform staff in ETD if any of the data is incorrect. The message appears to be getting through and ETD are constantly updating the system.
Of course teams will still want to keep their own records in order to inform PDRs/Supervisions about what training individuals have outstanding but overall Mr Hollingsworth is happy with the progression being made in respect of this. ETD will soon be able to provide team reports – currently only Directorate reports are provided.

Following a query from the Chair, Mr Hollingsworth reported that part of a paper going to EDG is around what the safe and recommended length of time a new starter should take to complete all of their training (particularly Inpatient Nurses). There is a separate consideration to be made in terms of timescales for Bank staff to be fully trained.

The Chair requested a copy of this report to WODC after it has been to EDG.

GH

GH

The Chair asked about the relatively low numbers of compliance in Mental Capacity Act Training and DoLS but was confidently reassured by Mr Hollingsworth that ETD had a plan in order to improve uptake in these particular subject areas.

Following a suggestion from Dr Crimlisk that perhaps more could be done to re-enforce to our staff that discussions regarding training should take place at PDRs / Supervision, Mr Hollingsworth added that those staff who have a pay progression increment must have completed the six key mandatory training subjects in order to receive their increment. The PDR Form also has a section for recording training undertaken, and training outstanding.

The Chair thanked Mr Hollingsworth for attending Committee and for the positive progress made.

4/11/16 WODC	4c	**Annual work progress on Agenda for Change panels**

Mr Wilson updated Committee and the following was noted.
There have been historically some issues with regards to Agenda for Change Panels i.e. panels not being convened soon enough and various other issues relating to paperwork received from recruiting managers. Positive progress is being made in respect of these elements and additional safeguards have been put in place with regards to how job roles get to Agenda for Change Panels in conjunction with the Vacancy Control Panel. For example there are certain criteria that need to be met before a job can be considered at an Agenda for Change Panel. Whilst there has been quite a bit of work already in respect of improving the system (20 additional staff are now trained to sit on evaluation panels and consistency panels – which now take place on the same day) there are still additional improvements to be made to streamline the process.

Mr Hollingsworth added that he has been tasked with leading the Agenda for Change Steering Group which has considered short term improvements to the process, such as - improving the current database to make it more searchable (i.e. a manager may find they don't need to write a new job description if it already exists), and a potential move to more generic job descriptions because there are currently hundreds in existence.
Working closely with Staff Side has ensured that issues are ironed out swiftly and positive progress has been made in improving the overall process.

Mr Thomas queried the fact that managers are allowed to write job descriptions. Mr Wilson replied that there are sufficient controls in place. The current PDR process is the starting point for reviewing a staff member's job description. If the role has changed significantly there may be scope for the revised job description to be considered by an Agenda for Change Panel, and, if there is potential for an increase in Band, the job description must be agreed by VCP before it can be submitted to a Panel. VCP need to be satisfied that the revised job description is justified. There is also a desk-top review service in operation in HR whereby a member of Staff Side and a member of HR review a job description and Agenda for Change paperwork before it reaches a Panel. There is also a 'grandparent' sign-off for new job descriptions – it used to be just the line manager who could approve new job descriptions. Mr Wilson also confirmed that line managers, where appropriate, can explain to their staff member, during a discussion about their job description, that they should only carry out the duties as outlined in their current job description.

5/11/16 WODC	5	**Criminal Trials Review**

Mr Wilson presented two reports and the following was noted.

EDG had requested that Mr Wilson arrange independent external reviews of two criminal trials relating to employees at this Trust. Mr Wilson commissioned Capsticks Solicitors to undertake the review regarding the case relating to employee OS and Beachcroft Solicitors to undertake the review regarding the case relating to employees MS and JB (Mansfield View).

The recommendations from the OS Case Review have already been implemented. Primarily, the biggest single change is with regards to DBS checks. Any current or prospective staff member that is subject to DBS check convictions on their record must have their record reviewed by two Executive Directors, therefore making the sign-off process for DBS, and recruitment checks, much more robust.

The recommendations from the Mansfield Case Review will be submitted to EDG who have requested an action plan. Mr Wilson added that it is important for WODC to note that these reviews were undertaken by two independent organisations (Capsticks and Beachcroft) so that they hold up to scrutiny.

Mr Thomas said that the reports were interesting. There are a couple of learning points for the Trust with regards to the OS Case Review. One being, the escalation of decision-making, in respect of PDRs, to senior colleagues, and the other relates to a cultural issue in the Trust regarding a number of opportunities we had where we could have taken action against OS but choose not to which is unsurprising and a response expected of a public sector organisation. This issue appears to concern the Trust mis-judging what authority / powers we have at our disposal. However we must view this as a good learning point for managers. Mr Wilson added that with hind-sight, and now being able to review the whole chronology of events relating to the individual concerned, it would be extremely difficult not to raise a concern. However, at the time each incident was considered in isolation and opportunities were missed. The defence being, however, that the line manager handled each separate incident as they saw fit at the time. Mr Mills agreed with Mr Thomas' point relating to cultural issues and asked if there was scope to re-visit the Trust's manager training so that similar issues don't happen again. Mr Thomas added that Board members need to be very clear what they expect of managers on the front-line. The Chair felt that the Trust's overall handling of the Mansfield View Case was quite good under the circumstances, however, with the OS Case any member of staff who appears to be concealing elements of their DBS record, for whatever reason, should have been investigated further by the line manager.

The Chair concluded that valuable lessons have been learned from both cases.

6/11/16 WODC	**6**	**Occupational Health Update and Activity Report**

Mr Wilson presented the Occupational Health Activity Report - April to Sept 2016, for information, and the following was noted.

The Chair reported that Committee had previously had queries concerning the quality and effectiveness of the current Occupational Health Service. Mr Wilson confirmed that it is fair to say that the Trust have been increasingly unhappy with the service provided by STH and he has a meeting planned soon with Dr Rimmer from Sheffield Teaching Hospitals (the current provider). The Occupational Health Service Specification and Service Level Agreement have been re-written and will go out to tender in the near future now that the Trust's new Procurement Manager is in post. The most recent issues have been in connection with the quality of the reports received regarding Junior Doctors that has caused some concern. Following a query from Mr Thomas, Dean confirmed that the HR Director at STH is aware of the concerns we have with the service, and other Trusts are also dissatisfied with the current service being received. Mr Wilson added that STH are not on the procurement framework which raises the question whether the service they offer is fit for purpose. Other NHS Organisations are on the framework.

The Chair thanked Mr Wilson for the update.

7/11/16 WODC	**7**	**Response to Staff Survey Results 2015 on Bullying and Harassment and Action Plan**

Ms Parry presented this item and the following was noted.

In May 2016 EDG reviewed the NHS Staff Survey results relating to reported levels of bullying and harassment. The most recent results from 2015 showed that 6% of staff reported experiencing physical violence from staff in the previous 12 months, and was one of SHSC's lowest ranked scores compared with the National average for other mental health trusts. In addition there had been a significant increase in the percentage of staff reporting that they had experienced bullying, harassment or abuse from staff in the previous 12 months, increasing from 18% in 2014 to 27% in 2015. It was agreed that Dean Wilson and Rachel Warner would take a lead in investigating these results and report back in September 2016. A working group was established to explore the reasons for the increase in the reported levels of bullying and harassment, and to recommend actions to address these reported levels. The following steps were recommended to address bullying and harassment in SHSC, focussing on three main areas.

One of the aims of the investigation into bullying and harassment was to explore whether there were particular groups of staff or areas in the Trust where this behaviour was more prevalent. The information analysed revealed that managers were the professional group reporting the highest levels of bullying and harassment, but did not suggest that there was a particular area of the Trust where bullying and harassment was prevalent. It was recommended that work is carried out to understand why the percentage of managers reporting bullying and harassment is high and why it has increased in other professional groups. This work will include: further analysis of the cases reported to HR, analysis of Workplace Wellbeing data, a survey monkey to staff, enabling dialogue with affected groups via focus groups, develop a briefing on Bullying and Harassment – to include what it is and is not, difference between bullying and harassment and being managed based on Trust Values of Respect and Compassion, continue to deliver bullying and harassment training, set up a webpage (in conjunction with the Promoting Attendance Case Manager) to provide support and guidance on bullying and harassment and information about support available, review the bullying and harassment reporting procedures so they are fit for purpose, include information on how to support staff through change in the Organisational Change Policy, enable staff and managers to access confidential support through the Freedom to Speak Up Guardian role. It is recommended that progress of the Bullying and Harassment Action Plan is reported to Dean Wilson, EDG and the Workforce and OD Committee as required.

Ms Lightbown also asked for clarity on the professional groups contained in Table 2. Committee agreed that some qualifying data would be helpful to measure the figures against.

Mr Mills reported that it has long been acknowledged that other organisations do have a culture of bullying of managers and suspected that this Trust is less affected by this. However, Ms Lightbown reported that there are pockets of the Trust where bullying takes place at this level in the organisation. As part of the coaching exercise an issue emerged that a senior member of Trust staff had experienced being bullied quite significantly but had not reported it. With the approval of the individual concerned Ms Lightbown commissioned an investigation, which has just concluded, which confirms that it was a serious case of bullying that affected a number of members of staff but not one of them felt confidence in Trust processes to be able to report it. This raises serious questions because cases of this nature will almost definitely have an impact on the morale of departments and ultimately a negative impact on patient care. Our processes for managing such cases need to significantly improve and we must be prepared to hear what the issues are. Mr Mills thanked Ms Lightbown for raising these issues and withdrew his comment regarding the Trust possibly being less affected by such issues.

Ms Lightbown added that she is aware of a report by Dr Mukani Purva who had been appointed as anti-bullying tsar at Hull and East Yorkshire Hospitals NHS Trust to compile a case study on the culture of bullying in that Trust. Ms Parry said she would contact Dr Purva to understand how elements of her report can assist with tackling bullying at SHSC.

Mr Wilson added that he and Rachel Warner had discussed previously that this really is a cultural issue in the Trust that has been in existence throughout the organisation for a while right up to the highest level and it is quite evident that there is a stigma attached to individuals having the confidence to raise the fact that they are being bullied. It can be seen as a weakness. There needs to be a fundamental different approach to the way the Trust tackles these issues. Ms Parry added that the Trust's values should be at the core of any agreed approach. Following a discussion Committee members agreed that bullying and harassment is a difficult area to address, and there was a need to promote openness, truth and reconciliation in dealing with bullying and harassment concerns, which requires support at Board level. Ms Parry confirmed that her paper is being submitted to November Board.

8/11/16 WODC	8	**Workforce Strategic Action Plan – People Plan Update**

Ms Parry presented this item and the following was noted. Ms Dickinson and Ms Johnson attended the meeting at this point.

The purpose of the Directorate People Plans is to enable a more proactive, strategic and focussed approach to identifying and understanding people priorities, to support effective delivery to our service users. A paper was presented to WODC on 9th June 2016, outlining the People Planning process, progress to date and intended outcomes.

WODC supported the approach and requested that an overall strategic action plan be developed to use as a basis to provide assurance, and monitor delivery against the People Plan priorities identified through the process.

HR Directorate Partners have been working with their Directorate leads to develop their people plans, and are currently in the process of identifying priorities and actions to feed into the workforce element of the 2017-19 business plan, which will provide the appropriate governance for this process. The key themes identified from the plans to date, focussed around change management, workforce transformation, leadership and management development and staff health and wellbeing, and have been used as a basis to develop the strategic action plan

To enable join up across the Trust and avoid any duplication of activity, the plan has been developed with input from the Head of Education, Training and Development, deputy Medical Director, Interim Director of Care Standards, OD Programme Manager, Strategic Workforce Planning Group, Business Planning Partner and the HR Senior Management Team.
The plan has therefore taken account of other Trust-wide workforce information including the annual HEE workforce return, leadership and management development diagnostics and feedback, compassion conference feedback, and the action plan aligned with the Workforce and OD strategic objectives. The Workforce Strategic Action Plan will form the basis for further discussion through the 2017-19 business planning process to finalise and prioritise the goals and actions identified, and as such is work in progress.

Feedback has been generally positive regarding the People plans with managers seeing the benefit of working through workforce challenges with their HRDP, and using the information to feed into business planning.

A business planning event is being held on 25th November 2016, with the purpose of providing Directors with the opportunity to have input into the content of the Trust's key enabling strategies, which will support the delivery of the refreshed 5 Year Strategic Plan. The current document is a work in progress. There is a proposal to hold a workshop, the feedback from which may further influence the content of the Workforce Strategy and Action Plan - particularly the key priorities, actions and timescales.

Mr Thomas said that the paper presented was extremely helpful but he had a query regarding the four workforce strategic objectives as they didn't appear to align with the Goals in the action plan. Ms Parry explained that the four Goals in the action plan are the current themes and priorities captured during conversations with the Planning Team who are looking at refreshing the objectives. Ms Parry said she could adjust how the action plan is set out in order to include the current objectives as main headings.

Following a query from Ms Lightbown regarding how the needs for future workforce profile are determined, Ms Parry replied that conversations have taken place with Directorates and in conjunction with Ms Dickinson for the Health Education England Annual Workforce Return, all of which are subject to the Business Planning Event on 25th November. The Chair added that the success measures at the back of the report are helpful to determine the direction of travel. Ms Lightbown asked to see the baseline of People Plans across the Directorates and the Chair asked about the slippage in respect of the timescales that currently state July 2016. Ms Parry explained that the action plan will be refreshed after the Business Planning Event in November and a more accurate position will be provided at the next meeting of WODC.
Mr Wilson added that this approach has been welcomed by Directorates and has had a positive effect on aligning the work of HRDPs and Directorates.

9/11/16 WODC	**9**	**Workforce Planning Return for Health Education England**

The annual strategic workforce return is the national workforce planning return to Health Education England (HEE) which informs the commissioning of the future requirement for staff and national investment plans in education and training. This year we have seen some last minute changes to the information required and the way it needs to be collected. This has been influenced by the changing national picture for training nurses, abolition of bursaries for non-medical training, and the introduction of the new Sustainability and Transformation Partnerships (STPs). The process for completing the workforce return has been difficult. This year's Annual Strategic Workforce Return has changed and is a 2 stage process.

Health Education England introduced a revised timetable to enable STPs to draw their plans together first. Workforce data on current staff in post, overall establishment, and first year demand was submitted at the end of May. Data and narrative on future demand for a 5 year period from 17/18 onwards and completion of new narrative questions have to be submitted by 29 July 2016. Despite a new, improved process this year for seeking input from Directors of Clinical and Professional it was still difficult to respond to the questions asked in the annual workforce return. The intention was to collect data in advance and to ensure the workforce return was more clearly linked to the annual plan and new people planning process.

Although there were some benefits further input had to be sought with the introduction of new and different questions mostly related to service changes. Although a robust process was followed via meetings with Directorate in order to compile the Return for this year in a more informed way, there are recommendations for further improvement to the workforce planning process for 2017/18: 1. Agree an annual process for workforce and people plans that looks ahead on HR issues over the next 1 – 5 years, that takes account of annual service business planning cycle, and improves dialogue with Directorates and Professional Services.
2. Review the function of the Workforce Planning Core Group in relation to the new STP framework and make recommendations for how we best collect intelligence on workforce challenges and profile and integrate this more fully with the financial, commissioning and service plans of the organisation.

The Chair thanked Ms Dickinson and reported that she found the efficiency programme data relating to staff in post / percentage fill rate etc very interesting which in part clarifies some of which Committee are already aware of but also helpfully informs Committee regarding other roles such as: expansion of apprenticeships, research studies, early intervention, possible refinement of change to psychiatrist jobs and how these all align with the people plan.

Mr Mills mentioned that the formatting of one of the documents does not view well on all devices. Ms Dickinson said she would take that into consideration next time.

10/11/16 WODC	**10**	**Health and Wellbeing Update**	
		Deferred until the January meeting of WODC.	
11/11/16 WODC	**11**	**Equality Objectives and Priorities**	

Ms Johnson presented this item and the following was noted.

The Equality Act 2010 and the Equality Act 2010 (Specific Duties) Regulations 2011 contain the Public Sector Equality Duty (PSED) and set out 'specific' actions the Trust must take in meeting the PSED. These specific duties include a requirement to identify and publish 'Equality Objectives'. The paper provided presents a fully revised and updated set of proposed Equality Objectives and Priorities to be achieved over the next four years. The paper also includes information about how the Trust has used the NHS Equality Delivery System 2 to inform identification of Objectives and Priorities.

The Trusts first Equality Objectives were identified and published in April 2012. A general report on progress to in meeting these Equality Objectives and revision of Equality Objectives year on year has been set out annually in the Trust Annual Equality and Human Rights reports. The NHS standard Contract S13.5 requires the Trust to implement the NHS Equality Delivery System 2 (EDS2). EDS2 has been developed to assist NHS organisations in identifying Equality Objectives and Priorities within a framework that expects the involvement of key stakeholders. A set of Equality Objectives and Priorities have been identified to be achieved by 2020 using the EDS2 framework including consultation and collaboration with stakeholders. The proposed Objectives build on exiting Equality Objectives and draw on NHS England policy such as the Workforce Race Equality Standard. Equality Objectives and Priorities focus on two main areas – services and workforce. Equality Objectives must be published. Ms Johnson referred to the four Goals in the report:
1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

The Chair reported that although some of the information presented was difficult to follow it was an interesting report for Committee members to receive. Ms Johnson agreed that this type of data can be difficult to present in a meaningful way.

12   Accountability (received by Committee for information)

12a   a)   <u>Annual Equality and Human Rights Report + Supplementary Information</u>

The Annual Equality and Human Rights Report and Supplementary Data report was presented to EDG in June 2016. EDG requested some changes to the report and it was subsequently agreed by EDG on the 4th August 2016. The report and associated supplementary data are presented to WODC for information. The Public Sector Equality Duty (PSED) is found in the Equality Act 2010. This duty is that, '*A public authority must, in the exercise of its functions, have due regard to the need to; (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*
The *'Protected Characteristics'* are: **Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, Sex and Sexual Orientation**.

The Equality Act 2010 (Specific Duties) Regulations 2011 require organisations subject to this duty to publish information to demonstrate compliance with the duty, at least annually. This must include, in particular, information relating to employees and those affected by the organisations policies and practices, such as service users. The Equality and Human Rights Commission provide guidance regarding the type of information to be published.

There is also a requirement to identify and publish 'Equality Objectives'. The main report includes an update on progress made in relation to the Trusts Equality Objectives as of March 2016. These must be reviewed at least every four years, the objectives discussed in this report were set in 2012 a separate paper has been submitted to WODC setting out a new set of proposed equality objectives. Objective data is provided separately in a 'supplementary document' this is intended to complement the main narrative report.

Implications for the Organisation - The reports are provided to Sheffield CCG as assurance with respect to compliance with the Equality Act 2010 Public Sector Equality Duty and to support assurance regarding the WRES and EDS2. Some changes have been made to the supplementary data information this year to avoid duplication with information published and reviewed through the Workforce Race Equality Standard.

A conversation took place regarding if this Report had previously been provided to Board and Committee agreed that it should go to the next Board meeting for information.

12b   b)   <u>Board Assurance Framework</u>

Committee received the Board Assurance Framework for information. Mr Wilson agreed to update the HR related entries and feed back to WODC at the next meeting.

12c   c)   <u>Joint Consultative Forum (JCF) – DRAFT notes dated 21-09-16</u>

Committee received for information. The confirmed version of these notes will be provided for the next meeting of WODC.

12d   d)   <u>Joint Consultative Forum (JCF) – CONFIRMED notes dated 20-07-16</u>

Committee received for information.

12e   e)   <u>HR and Workforce Group (HRWF) – CONFIRMED FINAL notes dated 22-06-16</u>

Committee received for information.

13/11/16 WODC	**13**	**Evaluation of Meeting / Chair's Significant Issues Report for December Board**	

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

- Mandatory Training

  Update received. Significant improvements made in Mandatory Training compliance although data would be useful relating to the links between compliance and patient safety.

- Sickness Absence

  Significant improvement – 4.68% as at 30th September 2016. February Board to receive a report from the Absence Case Manager on sickness absence developments following the same report being received at January WODC.

- People Plan progress (via the Workforce Strategic Action Plan)

  Further progress report due at January Committee.

- Bullying and Harassment (action from Staff Survey Results 2015).

  Discussion / support at Board level.

14/11/16 WODC	**14**	**Any Other Business**	

No further business was reported.

SR CHECKED 23-01-17

Date of next meeting: Tuesday 31st January 2017
9.00am-12.00pm, Rivelin Boardroom, Fulwood House
Apologies to: Helen Walsh, PA to Director of Human Resources, helen.walsh@shsc.nhs.uk, Tel 0114 22 63960