

BOARD OF DIRECTORS
Meeting Date: 14th February 2018

17iii a/b

TITLE OF PAPER	Workforce and OD Committee – Summary Report to the Board of Directors in respect of Significant Issues
TO BE PRESENTED BY	Sue Rogers, Chair – Workforce and OD Committee Non-Executive Director
ACTION REQUIRED	For assurance

OUTCOME	To report items of significance discussed at the Workforce and OD Committee meeting held on: <u>30th January 2018</u>
TIMETABLE FOR DECISION	None required.
LINKS TO OTHER KEY REPORTS / DECISIONS	Minutes of the Committee
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	Strategic Aim: People Strategic Objective: ALL BAF Risk Number: ALL BAF Risk Description: ALL
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	<ul style="list-style-type: none"> Trust Board Assurance Framework NHS Audit Framework
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Timely reporting to the Board of Directors
CONSIDERATION OF LEGAL ISSUES	None required.

Author of Report	Sue Rogers
Designation	Chair – Workforce and OD Committee (Non-Executive Director)
Date of Report	25 th October 2017

1. Purpose

To report in a timely manner, items of particular significance discussed at the Workforce and OD Committee meeting held on 30th January 2018.

2. Significant Issues of Interest to the Board

Board members will receive the minutes of the Workforce and OD Committee meeting held on 30th January 2018 in due course, however, the Chair of the Committee by means of this report wishes to notify Board Members of the following significant issues.

- Received the half yearly report of the Equality Objective and the Workforce Race Equality Standards (WRES) and the progress made to date.
- Board Assurance Framework – considerable discussion on the alignment between the controls on the BAF which will require further work.
- Concerns on progress on the disciplinary and mandatory training audits and from which Committee will received a progress report at the April meeting.
- Pleased to note the success currently on the Streamlining Process and pilot for Doctors in Training.
- Committee were also pleased to note the very positive progress on Supervision.
- Committee looked at areas of bullying and harassment both generally and specifically in relation to BME staff and further work is intended in this area.
- Committee were pleased to receive the Workforce and Development Plan and see the current progress.

3. Contact Details

For further information, please contact:

Sue Rogers, Chair – Workforce and OD Committee (Non-Executive Director)
sue.rogers2@shsc.nhs.uk

Attached:

- Approved minutes of the Committee dated **25th October 2017.**

Workforce & Organisation Development Committee

Minutes of the meeting of the Workforce and Organisation Development Committee of Sheffield Health & Social Care NHS Foundation Trust held on Wednesday 25th October 2017, Fulwood House, Sheffield, S10 3TH.

Present:

- | | |
|----------------------|--|
| 1. Susan Rogers | Chair/Non-Executive Director of the Board (SR) |
| 2. Liz Lightbown | Director of Nursing, Professions & Care Standards and Executive Director of the Board (LL) |
| 3. Richard Mills | Non Executive Director of the Board (RM) |
| 4. Cllr Olivia Blake | Non Executive Director of the Board (OB) |

In Attendance:

- | | |
|----------------------|---|
| 5. Dean Wilson | Director of Human Resources, Associate Director of the Board (DW) |
| 6. Caroline Parry | Deputy Director of Human Resources (CP) |
| 7. Margaret Saunders | Director of Corporate Governance, Board Secretary (MS) (part) |
| 8. Sue Rutledge | Attendance Case Manager (SRu) (for item 12) |
| 9. Guy Hollingsworth | Corporate Transformation Lead (GHo) (for item 14) |
| 10. Helen Walsh | PA to Director of Human Resources (notes) (HW) |

Apologies:

- | | |
|----------------------|--|
| 11. Clive Clarke | Deputy Chief Executive, Executive Director of the Board (CC) |
| 12. Phillip Easthope | Director of Finance, Executive Director of the Board (PE) |
| 13. Mike Hunter | Medical Director, Executive Director of the Board (MH) |
| 14. Anne Stanley | Non-Executive Director of the Board (AS) |

			Lead
1/10/17 WODC	1	Welcome & Apologies The Chair welcomed members to the meeting and apologies were noted.	
2a/10/17 WODC	2a	Minutes of the meeting held on 28th July 2017 The minutes of the meeting held on 28th July 2017 were agreed as an accurate record. The confirmed WODC minutes will be submitted to the February 2018 Board Meeting.	
2b/10/17 WODC	2b	Matters Arising from 28th July 2017 1) Meeting with Dr Mukani Purva (Anti-bullying Tsar at Hull & East Yorkshire Trust) Bfwd 28-07-17 Ms Parry provided an update following her productive meeting with Dr Mukani Purva in Hull on 5th May 2017. Ms Parry is to take forward the learning from the meeting and review the operation of the Trust's Bullying and Harassment Screening Group where necessary. Following a query from Ms Lightbown, Ms Parry agreed to obtain data relating to bullying and harassment cases in the Trust and feed back to Committee at the January meeting.	CP CP

<p>2) Head of Communications / Communications Strategy Mr Wilson reported that interviews have taken place.</p>	
<p>3) Safeguarding Training Ms Lightbown updated that there has been delay appointing to the substantive posts in the Safeguarding Office due to the wider preferencing for posts as part of the clinical directorate restructure. Once the restructuring process is complete it is hoped that the posts will be filled.</p>	
<p>4) Interpreting Service and Policy Mr Wilson obtained an update on the Service from Viv Morley (new Head of Procurement). There were initial teething problems and minor ongoing issues. Interpreters will meet with clients face to face wherever possible. Only in extreme cases is interpreting carried out over the telephone.</p>	
<p>5) Guardian of Safe Working It was confirmed that an interim report was received by the Board recently and noted that an annual report from the Guardian of Safe Working is also required at Board. Mr Wilson confirmed that Mike Atter has now been appointed into the role – taking over from Simon Mullins. The Exec Lead for GOSW has transferred from Mr Wilson to Mike Hunter.</p> <p>Mr Wilson to arrange, on behalf of Mike Hunter, for the Board agenda planner to include this.</p>	DW (HW)
<p>6) Redeployment Mr Wilson reported that he has recently issued a communication to all staff regarding the redeployment of over 50 staff and the positive impact the process has had on the majority of those staff affected. Mr Wilson thanked Sarah Bawden and colleagues who ensured, and continue to ensure, smooth facilitation of the process.</p> <p>The Redeployment Coordination Group continue to meet on a regular basis and there are further redeployment challenges expected as services change.</p>	
<p>7) Effective Staffing Group Terms of Reference DW confirmed that the Terms of Reference for both Workforce & OD Committee and Effective Staffing Group are being reviewed in conjunction with Corporate Governance colleagues.</p>	
<p>8) Disclosure and Barring Service (DBS) update The Chair previously queried the number of checks remaining for Bank staff (89). Mr Wilson reported that he has checked with the Bank Office regarding this. The 89 outstanding checks relate to individuals who TUPE'd out of the Trust but remain on Bank. The Chair asked Mr Wilson to confirm how many Bank staff DBS checks remain outstanding. Mr Mills added that discussions are also underway regarding Governors having DBS checks.</p>	DW

9) Workforce Race Equality Standard 2017 and Progress Report and 2017-18 Action Plan. Annual Equality and Human Rights Report 2017

It was confirmed that the above reports missed the last Board meeting and would be submitted to November Board instead.

10) Audit Reports

Disciplinary Investigations Review

It was noted previously that the number of outstanding disciplinary cases (249) could be quite high compared to other Trusts. Mr Wilson reported that this could be difficult to obtain as not all Trusts collect this data.

DW/CP to ask Ian Hall how this figure compares to other Trusts and provide an update at the next meeting, alongside the action plan.

DW
CP
(IH)

11) Complaints Report

Mr Wilson and the Chair met to discuss the report in terms of workforce implications and to provide general comments.

- The report could be more balanced in its reporting of compliments and complaints i.e. the number of compliments is more than double the number of complaints and yet the title of the report is 'Complaints Report' and the majority of the report is complaints data. Possible potential for two separate reports and use the compliments statistics as a tool for staff morale.
- No comparative data with other Trusts.
- No timescale or deadline for follow up of actions.
- No mention of the impact from particular complaints.
- If a complaint is upheld, what happens next?
- Query over the acceptance of a complaints validity. We should assume a complaint is 'valid' until an investigation deems it isn't.
- No data to show the number of times one person has had a complaint made against them.
- Data is shown as percentages rather than numbers which can be an unfair way of showing statistics, especially for smaller teams.
- Response rates are reported unrealistically and the correlation with the number of complaints received is unclear.
- Key themes could triangulate with the results from the National NHS Staff Survey and also the Friends and Family test.

Mr Mills reported on the quality of report, that was also received at the Quality Assurance Committee, and the need to expand on the content. Ms Lightbown reported that a review of Corporate Affairs was undertaken a couple of years ago.

The Chair said she would raise the queries with the Chair of the Quality Assurance Committee, Mervyn Thomas and also the Director of Corporate Governance, Margaret Saunders.

Chair

2c/10/17 2c **Action Log**
WODC

Committee members received the Action Log for information.

Mandatory Training compliance and potential risk to patient safety

This action was first raised at WODC in November 2016, and again in April 2017. The expectation raised was there would be specific mention of the potential risk to patient safety in the mandatory training report, when compliance figures were low. Further clarification required at the next meeting of Committee.

3/07/17 3 **Agenda Planner – Work Programme**
WODC

Committee members received the Agenda Planner for information and assurance.

4/10/17 4 **Performance Reports**
WODC

a) Workforce Report – 30th September 2017

- Mr Wilson reported that whilst the rate of sickness absence is on a downward trend generally, the data for September 2017 is exceptionally low at 4.02%. This is below the Trust target of 5.10% and is lower than the same period last year. Mr Wilson said he would write to Clinical and Service Directors thanking them, and managers in their teams, for their efforts in reducing sickness absence.
- Staff Turnover (12.97%) is just below the target range (3-13%) however the number of staff TUPE'd out of the Trust has significantly affected this rate.
- PDR completion rate (96%) is significantly higher than this time last year and is one of the highest rates in the NHS.
- Employment Tribunals – two complex cases ongoing at the moment.

Following a query from the Chair, Mr Wilson explained that HR are reviewing the sickness rates of the Inpatient and Specialist Directorate, and not Learning Disabilities, as the majority of LDS staff have TUPE'd out of the Trust.

Following a query from the Chair, Ms Lightbown explained that some of the 41 leavers who voluntary resigned could be due to staff leaving a post to take up a different post within the Trust. Ms Lightbown added that it might be helpful for the report to show new starters against leavers to provide clarity on this point. Mr Wilson to mention this to Workforce Information.

DW

DW

Committee thanked Mr Wilson and colleagues for a good report. Committee agreed that the report has much improved. Mr Mills added that the report might also benefit from an expanded summary on the front page and possibly include more HR related performance data to negate the need to provide Committee with separate reports on lots of subjects. DW

Ms Lightbown reported that discussion has taken place at EDG regarding using the Performance Report from Salford Royal as an example.

b) Mandatory Training update

Committee received reports as at 31st August 2017 and as at 30th September 2017. Following a query from Cllr Blake regarding the 80% target (from 68%) for Autism Training, Mr Wilson confirmed that 80% is achievable as this training is a one off (i.e. doesn't need to be repeated each year) and is also now provided as part of the Corporate Update Training.

Ms Lightbown was pleased to see a positive trajectory for Mandatory Training as reported at the Executive Directors' Group (EDG). It is also a statutory requirement that the Trust report on Prevent Training compliance.

It was agreed at EDG recently that Prevent Training would be added to the Mandatory Training reports. At the end of quarter 2, Prevent Training compliance was at 65% for WRAP (workshop for raising awareness of Prevent). The national target from NHSi and NHSE is 85%.

Ms Lightbown also added that the mandatory training compliance rates of the Trust's Bank staff will also be reported on going forward.

The Chair said that the report and discussion today was very reassuring compared to where the Trust was at approximately 3 years ago. Mr Wilson added that this was mainly due to Guy Hollingsworth's contribution, and also Jennie Wilson and ETD colleagues.

5/10/17
WODC

5 Workforce and OD Strategy KPIs and timeline

Ms Parry presented this item and the following was noted.

The Workforce and OD Strategy and Delivery Plan have previously been approved by Committee and the Board. Now presenting the KPIs and timeline for achieving the various objectives that make up the Delivery Plan.

Committee agreed that the example format provided for the timeline is a good way of showing the progression of each element and any potential interdependancies on each other. Cllr Blake added that colour coding each objective could make it more obvious to see which arrow aligns with which objective.

Committee also agreed to the RAG rating of progress of the KPIs.
Ms Lightbown added that the Trust's format should be followed to ensure consistency with other RAG rated reports.
RED – not on track
AMBER – has a completion date and is on track
GREEN – is completed and evidence is being collected
BLUE – the evidence has been tested

Following a query from Ms Lightbown, Mr Wilson confirmed that the KPIs that begin with 'KF' (key finding) denotes that it is referenced from the NHS National Staff Survey. Ms Parry confirmed that the key findings chosen for the KPI document were based on some of the Trust's lowest scoring areas on the last Staff Survey, as well as areas where the key finding specifically relates to one of the objectives. Ms Lightbown said that it would be beneficial to see on the document what the desired outcomes are for each of the 'KF' entries.

Ms Parry to address the above on a future iteration of the KPI document, and ideally for the version going to November Board. However, Committee were mindful of the tight deadline for November Board.

It was agreed that an update on the Workforce and OD Strategy Delivery Plan should be received by Committee at each meeting.

CP

HW

6/10/17
WODC

6 Clinical Directorate Restructure update

The Chair reported that the document provides NEDs with the level of assurance required for such an undertaking. It is an extremely useful document to help colleagues understand the proposals and in particular the delays in establishing the roles for the members of staff concerned.

7/10/17
WODC

7 Nurse Recruitment update

Ms Parry has been working with Debbie Breese and the Recruitment and Retention Group in order to look at ways of improving the current shortfalls in the recruitment and retention of nursing staff for the inpatient wards at Band 5 level.

The rolling advert for Band 5 nurses has been live for 8-9 weeks. Seven nurses and 3 occupational therapists have been recruited so far.

Forest Lodge, Forest Close and G1 wards are now fully staffed with Band 5 nurses. Other wards still have significant vacancy levels. The ward managers have engaged well with the process and continue to support the rolling advert.

Ms Parry added that it has been extremely useful having Debbie working alongside HR during the infancy of the process.

Following a question from the Chair regarding how many nurses the Trust hoped to recruit, it was confirmed that due to high vacancy levels the Trust are hoping to recruit as many as possible. Ms Lightbown added that this is why it is so critical to understand the workforce profile of the Trust via the Workforce Report – vacancy rates by ward and team, and by week and by month are essential, as well as reporting on starters and leavers. An outline by the end of March 2018 is imperative in order to forecast effectively.

Ms Lightbown also reported that Giz Sangha will return to her substantive role as Deputy Chief Nurse in early December and anticipates in the first 6 months of next year a significant additional capacity around this work will be available with support from additional frontline nursing to understand what the short, medium and long term challenges are for the Trust. Will also look at how different models could work and how alternative roles could fill the gaps and how much this will cost the Trust.

Mr Mills added that the Finance and Investment Committee obviously need to be aware when crucial decisions will be made, that will impact on funding, to be able to factor the costs into financial planning.

Following a question from Cllr Blake, Ms Lightbown reported that the 3rd Mental Health Student Conference at the ICC in Birmingham on 9th October 2017 went well however it won't be apparent if it was value for money until we can ascertain how many new starters found out about the Trust via the conference – this is being monitored. Ms Lightbown added that some organisations are undertaking innovative and creative work on 'growing their own' and others are talking about re-introducing schools of nursing. Harrogate Trust have signed up to health education programmes with India. Also good practices to learn from at Northumbria Trust. SHSC need to make the time and capacity to find out what is available and work with the University. There has been an 8% decrease in the number of nurses enrolling on under-graduate training.

Ms Parry added that a number of focus groups have been established. Some very useful information has been obtained from staff attending these groups i.e. reasons for wanting to leave, their career expectations and what would keep them at the Trust.

Following a suggestion from Mr Mills, Mr Wilson confirmed that recruitment and retention is very much on the Working Together / STP / Accountable Care System agendas and indeed the Trust's Chief Executive, Kevan Taylor is the Chair of the workforce workstream. Mr Mills is keen for NEDs and Committee to be routinely updated in relation to this initiative regarding such an important issue. DW (HW)

In terms of recruitment from overseas Mr Wilson said that EDG are mindful not to strip other countries of their professionals where they may be needed.

We are also looking at issuing guidance on staff who retire and return.

There is also a UTC event being held in the Mayfield Suite on Friday that will be attended by 60 school students.

8/10/17
WODC

8 Nurse Revalidation / Doctors Professional Registration

Ms Lightbown presented this item.

Dr Sobhi Girgis updated the Board in September on medical revalidation and appraisal. For nurse revalidation the annual position statement will be submitted to the November Board. Ms Lightbown assured Committee that the Trust is on-track with no breaches to date and are ahead of schedule. The Trust no longer needs to use the HeART system as NMC are now online. The NMC system now links with ESR (Electronic Staffing Record) and is running smoothly.

9/10/17
WODC

9 NHSi Retention Support Programme and Data Pack

Mr Wilson reported that he has recently signed the Trust up to the NHSi Retention Support Programme cohort 2, the launch of which is next Tuesday in Birmingham. Mr Wilson is attending with Sharon Ward (Sharon is Debbie Breese's secondment replacement). Ms Lightbown added that she would like assurance to be provided to Committee re progress.

Committee were provided with SHSC's Retention Support Programme Data Pack Turnover Information provided by NHSi. The pack is designed to help Trust's understand their ESR turnover data in more detail (in comparison with other Trusts) and to help focus improvement efforts. The advantage of this data is that it enables comparison between Trusts, however many Trusts use other platforms for exploring reasons for staff leaving.

10/10/17
WODC

10 Workplace Wellbeing Annual Report

Committee received the Workplace Wellbeing Annual Report for information and assurance.

During the period of 2016-2017 the number of SHSC referrals to WWB exceeded the target and was similar to the rate of referrals in 2015-16 which was higher than for previous years. There was some disparity between the percentages of referrals compares with the percentage of staff for the Trust as a whole for a number of Directorates, in particular the Specialist Directorate. Mr Wilson added that WWB visit services that are going through organisational change and Rebecca Haines would highlight any areas of particular concern to Mr Wilson.

The most frequently cited reasons for SHSC staff attending WWB were stress/anxiety (83%) and low mood (50%), as has been the case in the previous four years. The most frequently cited work related problem was workload (27%) and again this has been consistent over the last four years.

Of the service users who provided feedback 82% reported that the service they had received had a positive impact on their experience of stress and anxiety and 65% reported a positive effect on low mood. 98% of service users would recommend the service to others.

At initial contact, in addition to service users presenting with mild anxiety or depression, 66% of service users presented with moderate to severe depression and anxiety. Clinical outcome and recovery rates were good and at a similar rate to previous years.

The Chair noted that the report clearly shows just how useful the service is and how well it is used. Only a low percentage of service users saw no improvement having used the service.

11/10/17 11 **Staff Health and Wellbeing update**
WODC

Ms Parry presented this item on behalf of Julie Edwards, Director of Therapy Services and co-Chair of the Staff Health and Wellbeing Group.

It was noted that Sue Rutledge, Attendance Case Manager is also a member of the Staff Health and Wellbeing Group and cross-references are made to the positive work around promoting attendance.

Since the last report the Staff Health and Wellbeing Group has been working on a number of key areas to meet its remit, which is 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 2016-17 CQUINs (and 2017-18 and 2018-19).
- Inform, plan and take forward practical projects on staff health and wellbeing.
- Coordinate work on staff health and wellbeing and disseminate.
- Produce a quarterly report for Workforce and OD Committee.

The key areas of work have been:

1. Health and Wellbeing Strategy – an early draft has been presented to the group and is being further developed.
2. Support for Staff pages on the intranet.
3. Staff Communications and engagement – via emails, posters and newsletters.
4. CQUIN for 2017-18 Improving Staff Health and Wellbeing. This CQUIN has 3 subsets - (a) improvement of health and wellbeing of NHS staff, (b) healthy food for NHS staff, visitors and patients and (c) improving the uptake of flu vaccinations for frontline staff. All three areas are being monitored by the Staff Health and Wellbeing Group.
5. Monitoring use of the pilot staff physiotherapy service.
6. CCG requirement for Trusts to respond to the NICE Guidance NG13 baseline assessment.
7. Receiving updates on existing health and wellbeing initiatives.
8. Discussed and promoted new proposals and resources (such as Move More Month).

In response to a query from the Chair regarding how the Trust monitors the provision of healthy food for its staff, Mr Wilson replied that Sodexo have quotas to comply with in relation to low sugar drinks for example. It was noted that the Trust could do more in this area. Ms Lightbown added that it is a Facilities led function with input from other areas of the Trust. Ms Parry to feed back to Helen Payne, Director of Facilities who is also a member of the Staff Health and Wellbeing Group.

CP

12/10/17 12
WODC

Improving Attendance update, including PhysioMed

Sue Rutledge, Attendance Case Manager attended for this item.

Committee were pleased to note (as at 4a) the exceptional low sickness absence rate of 4.02% as at the end September 2017.

It was noted that a number of initiatives have been put in place to promote attendance and assist staff back to work i.e. support for staff web-page and noticeboards. It was also noted that absences relating to musculoskeletal conditions have significantly decreased since the introduction of PhysioMed. 100% positive feedback has been received from staff receiving this service. Work is also progressing internally to launch a fast-track psychological service for staff via IAPT.

The Chair thanked Sue and colleagues for their hard work in achieving such positive results especially compared to other NHS Trusts. Mr Mills agreed that this is great work and suggested that Committee may benefit from receiving one report encompassing sickness absence, health and wellbeing and workplace wellbeing but recognised this could mean more work to pull it all together as one.

The Chair asked for an Annual Report on Improving Attendance to Board at the end of the financial year. It was agreed that Committee would receive this at WODC in April 2018 and then at Board in May 2018.

SR
(HW)

13/10/17 13
WODC

Incremental Pay Progression Data

Committee received a report as at 30th September 2017. The data indicates the total number of increments deferred for the given periods and the number of increments outstanding. The data is broken down by Band to identify if any particular Band had been unduly affected by the process.

Mr Wilson reported that the data provided follows a number of changes that were made to the criteria (1st October 2017) for staff to comply with before being awarded their incremental pay. As well as having a completed Personal Development Review (PDR), the criteria now includes Care Certificate compliance, and compliance in 9 set mandatory training subjects (formerly 6 subjects) – which in turn has assisted in improving the percentage rate of mandatory training compliance overall. Mr Wilson also added that, as at 1st October 2017, the application function has been removed, which has been universally well received. Affected staff will now receive their pay increment automatically provided that they satisfy each of the criteria.

The Chair asked for reassurance regarding the relatively high number of lower paid staff with an increment outstanding. Mr Wilson replied that all members of staff who haven't complied with the criteria for receiving their pay increment by the due date will appear in the figures, but a large proportion of increments are just delayed, meaning that the vast majority receive their increment late, and back-dated.

The Chair asked for further reassurance to Committee that there is evidence to show that the process is effective for ensuring that staff, who initially don't receive their pay increment, do receive it eventually.

DW

14/10/17 14 **Agenda for Change Job Evaluation Process update**

WODC

Mr Hollingsworth presented this item and the following was noted.

The Agenda for Change Steering Group was established in October 2016 in order to provide a forum for resolving issues related to the Job Evaluation process and oversee improvement to the process. The group consists of representatives from HR and Staff Side and a manager who is also a trained Agenda for Change Panel member.

The AfC Steering Group has overseen a number of small improvements in process and documentation. Taken together these have led to a noticeable improvement in the overall process. Currently there is no backlog of jobs waiting for a Matching Panel and the Trust is able to organise panels at a sufficient rate to meet the need. As new panel members have recently been trained this positive picture looks set to continue. Delays or inefficiencies in a Job Evaluation process can have knock on consequences for service delivery. Currently the Trust's process is operating in a timely and effective manner.

Mr Hollingsworth reported that he is no longer part of the Human Resources Directorate and is standing down as Chair of the Agenda for Change Steering Group. Ian Hall (HR) and Phil Jonas (Staff Side) are new joint Chairs of the group. Mr Wilson thanked Mr Hollingsworth (and colleagues, namely Janice Coker, Ian Hall and Phil Jonas) for their contribution to the more streamlined and efficient process.

15/10/17 15 **Audit Reports: update on actions and recommendations**

WODC

a) Temporary Staffing Arrangements

Mr Hollingsworth reported that Audit have commenced their follow-up process for this Audit.

The Action Plan provided summarises each of the actions and recommendations – much of which have already been addressed i.e.

- Agency and off-Payroll Management Group Terms of Reference amended to reflect that this group (and other staffing operational groups) now report to Effective Staffing Group.
- An overarching policy has been developed called the 'Engagement and Deployment of Short Term Staffing Policy'.
- Blanket purchase orders are now time-limited and the Trust can only use those agencies who are on the framework.
- The Trust is on target to meet the NHSi 2017-18 target for agency expenditure. The overall spend on agency is improving. The process for monitoring this is via the eRostering system.
- There are still operational developments to be made with regards to the eRostering system. It will eventually interface with agencies on the framework but the Trust is mindful that this may preclude agencies that the Trust uses that aren't on the framework.

b) Disciplinary Investigations

Mr Wilson reported that this audit was commissioned primarily due to the length of time that disciplinary investigations were taking. Following the audit a number of significant changes have been made to the Disciplinary Policy, which will be re-launched on the 1st November 2017.

The new policy addresses the following audit recommendations:

- The introduction of a Commissioning Manager for each disciplinary investigation.
- Removal of the reliance that the employee's line manager should undertake the investigation.
- Clarification on the verification process.
- The introduction of clear Terms of Reference for each disciplinary investigation.
- Removal of recommendations from the final Investigation Management Report.
- Improvement in staff training on the disciplinary investigation process.

Following a robust discussion about the current under-resourced and under-managed process Ms Lightbown reported that the risks associated with the current disciplinary process have been identified and Committee should be assured via the Action Plan. Mr Wilson reported that an Action Plan would be presented to the January meeting of WODC.

DW
(IH)

c) Workforce Planning

Issues have been identified in this area, and an Internal Audit has been Commissioned but not commenced as yet.

d) Risk Management

Issues have been identified in this area, and an Internal Audit has been Commissioned but not commenced as yet.

16/10/17 16 **Payroll meetings with STH**
WODC

Mr Wilson reported that the Trust has regular meeting with the Payroll service provided by STH. Trusts are charged per payslip for the Payroll service and SHSC pay more per payslip than Sheffield Teaching Hospitals but pay less than the Sheffield Children's Hospital. It would make sense if all three Trusts paid the same amount for their payslips.

Costs of payroll contracts are reducing nationally although STH are always playing catch-up in this regard.

17/10/17 17 **Carers Strategy Implementation Plan**
WODC

Mr Wilson reported that the Trust's Carers Strategy was launched in the Summer of 2017 and a subsequent implementation plan drawn up to enable the Clinical Directorate (following the restructure) to embed in Trust culture the initiatives outlined in the Carers Strategy. The Carers Implementation Group haven't met yet but plan to do so in January 2018.

A robust discussion took place regarding the concerns from Governors and the Trust Chair following the departure of the Carers Strategy Lead to a new role in the Trust.

Mr Wilson reported that a new Lead will be identified soon and discussions will take place at EDG regarding the most appropriate Executive Lead going forward.

18/10/17 **18 Effective Staffing Group update**
WODC

Committee received for information the Effective Staffing Group minutes from the first meeting held on 10th August 2017, along with the highlights report that went to EDG 7th September 2017.

19/10/17 **19 Health and Safety Group update**
WODC

Ms Saunders attended the meeting for this item. It was noted that the title of the group has changed from 'Health and Safety Committee' to 'Health and Safety Group'. The title 'Committee' is reserved for sub-Committees of the Board. It was also noted that they will need to be placed into the new terms of reference template.

The Chair made reference to the Health and Safety Welfare Act and the potential need to mention welfare in the terms of reference, even if it is just an acknowledgement that other areas of the Trust cover this.

The Chair also queried that the Trust are legally responsible to its' employees but what about its' legal responsibility to service users? The Chair said that this should be covered in the terms of reference.

Following a query from Ms Lightbown, Mr Wilson confirmed that Charlie Stephenson and Jennie Wilson will be reviewing the mandatory training competencies and whether they are adequate. As at 31st August 2017, Health and Safety compliance was 95%, Slips, Trips and Falls 94% and Fire Safety 95%. Ms Lightbown asked for assurance to Committee that the Trust are training the right level of manager with the right knowledge of the legislation and their duties under that legislation.

DW

20/10/17 **20 NHS Staff Council**
WODC

Mr Wilson provided Committee with the key issues discussed at the NHS Staff Council meeting on 22nd September 2017. NHS Staff Council meetings are attended by employer representatives (Mr Wilson represents Yorkshire and Humber region) and Staff Side representatives.

The paper covered the following topics:

- Public sector exit payments
- DOCAS – deudcution of contributions at source
- Pay Review Body
- Government Pay Policy and Strategy
- Apprenticeship pay
- Pensions
- Workship on job evaluation

Following a query from Mr Mills, it was noted that if there is to be a pay increase (2.5%) for NHS staff this Autumn, that it might be part-funded by Trust's own budgets. Mr Wilson also added that one of the other potential cost saving measures being discussed at NHS Staff Council is the removal of overlapping pay bands and the reduction of the number of increments in each pay band.

21/10/17 21 **Employment Law update (legal newsletters)**
WODC

The Chair confirmed that Committee are receiving the newsletters on Googledrive. Following discussion it was confirmed that Committee will continue to receive the newsletters on Googledrive and to receive an annual update on employment law.

DW
(HW)

22/10/17 22 **Accountability**
WODC

a) Board Assurance Framework

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

- The Trust are in the process of transferring the BAF onto the safeguard risk management system.
- Progress is being made against all of the risks and the assurance rating may change in due course. An updated version of the BAF will be provided to the November Board meeting.
- Now that the format has been improved there will be more emphasis on content to address the gaps and missing dates etc.
- Training on the e-System is taking place on 14th November to ensure a more dynamic process.
- The BAF will continue to be reviewed at each meeting of WODC.

Mr Mills suggested that current issues should appear on the BAF, such as the disciplinary concerns already discussed, and the agendas / front sheets of sub-Committees could be cross-referenced to the BAF for ease of reference.

b) Corporate Risk Register

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

- Following agreement at EDG 31-08-17 there is now only one Corporate Risk Register which includes high level risks rated 12 and above, and all risks rated below 12 are now managed and reviewed locally via directorate risk registers and through directorate governance structures.
- It was noted that there are (to date) no risks for Human Resources since the escalation of the current list. However the addition of the disciplinary process issues will change this. This risk will need to be added soon to ensure it can be included for the register being submitted to November Board. The Chair and Mr Wilson to discuss outside of the meeting.

Chair
DW

c) Joint Consultative Forum (JCF) Notes – dated 28-07-17

Committee received for information.

23/10/17 23 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 November Board:

- The Improving Attendance Report and the Mandatory Training Report gave great assurance because of the positive progress that has been made.
- Similarly the level of work in Workplace Wellbeing and Staff Health and Wellbeing indicated high level of support and improvement both physically and mentally for staff.
- There was concern about the Disciplinary Investigations Audit which highlighted much wider and more embedded concerns around the whole disciplinary process. Current Employment Tribunal changes make this a growing area of risk for the Trust. The level of cases, the process, the time, the quality and execution of cases were all causes for concern. The Committee felt this should be a priority area.
- The level of failure to achieve incremental pay progression also raised concerns and questions.
- The Carers Implementation Plan was very vulnerable as it lacks identifiable personnel to carry it forward and was already a concern for Governors.
- The recruitment and retention initiatives were welcomed but lacked clarity on the financial implications.
- A discussion took place which led to suggestions for the Complaints and Compliments Report to be forwarded to the Director of Corporate Governance with a copy for the Chair of Quality Assurance Committee.

24/10/17 24 Any Other Business
WODC

No further business was reported.

SR checked 26-01-18 confirmed 30-01-18.

Date of next meeting: Tuesday 30th January 2018
1.00pm – 4.00pm, Committee Room 1, Fulwood House
Apologies to: Helen Walsh, PA to Director of Human Resources,
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