BOARD OF DIRECTORS MEETING (Open)

Date: 9 May 2018

Item Ref: 19bi-ii

TITLE OF PAPER	**Workforce and OD Committee –** **Summary Report to the Board of Directors in respect of** **Significant Issues**
TO BE PRESENTED BY	Prof. Laura Serrant, 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: **24th April 2018**
TIMETABLE FOR DECISION	None required.
LINKS TO OTHER KEY REPORTS / DECISIONS	Minutes of the Committee
STRATEGIC AIM **STRATEGIC OBJECTIVE** **BAF RISK NUMBER** **BAF DESCRIPTION**	People ALL ALL ALL
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	• 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	Laura Serrant
Designation	Chair – Workforce and OD Committee (Non-Executive Director)
Date of Report	24th April 2018

1. Purpose

To report in a timely manner, items of particular significance discussed at the Workforce and OD Committee meeting held on 24th April 2018.

2. Significant Issues of Interest to the Board

Board members will receive the minutes of the Workforce and OD Committee meeting held on 24th April 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.

a) Discussion regarding the purpose of Committee being a strategic oversight group and as such, should receive items of a strategic nature and for assurance.
b) Plan to scope an earlier date for the next meeting in order to align with July Board deadlines. If not possible, it was agreed that the Staff Health and Wellbeing Strategy would be received virtually by Committee, for comment, ahead of EDG receiving July Board papers.
c) A review of Committee Terms of Reference and Work Programme will take place before the next meeting (aligned with headings from the Board Assurance Framework and Workforce and OD Strategy Delivery Plan as appropriate). The aim is to present a streamlined agenda and content with a clear purpose and outcome measures. Committee agreed that operational items will be received by EDG / Audit Committee, as appropriate, instead of WODC.
d) Committee agreed to receive a streamlined Workforce Report with clear lines of governance via operational meetings such as HR Business Partners meetings with the recently configured Care Networks.
e) Committee reviewed the Board Assurance Framework. EDG colleagues to ensure that the descriptors used are appropriate. It was agreed that the strategic objectives under the 'People' aim will inform the Terms of Reference and Committee agenda, but is not limited to.
f) Agreed to integrate links with the Corporate Risk Register and Board Assurance Framework.
g) A strategic review in terms of Organisation Development is required, as well as a review of training subjects that aren't mandatory.
h) Committee reviewed and approved the Communications Strategy subject to amendment and will now be received by July Board.

3. Contact Details

For further information, please contact:

Prof. Laura Serrant, Chair – Workforce and OD Committee (Non-Executive Director)
Laura.Serrant@shsc.nhs.uk

Attached:
- Approved minutes of the Committee dated **30th January 2018.**

Workforce & Organisation Development Committee

Minutes of Sheffield Health & Social Care NHS Foundation Trust's Workforce and Organisation Development Committee - held on Tuesday 30th January 2018, Fulwood House, Sheffield, S10 3TH.

Present:

1.	Susan Rogers	WODC Chair and Non-Executive Director of the Board (SR)
2.	Anne Stanley	Non-Executive Director of the Board (AS)
3.	Liz Lightbown	Director of Nursing, Professions & Care Standards and Executive Director of the Board (LL)
4.	Clive Clarke	Deputy Chief Executive, Executive Director of the Board (CC) (part)

In Attendance:

5.	Jayne Brown	Trust Chair (JB)
6.	Dean Wilson	Director of Human Resources, Associate Director of the Board (DW)
7.	Richard Mills	Non Executive Director of the Board (RM)
8.	Margaret Saunders	Director of Corporate Governance, Board Secretary (MS) (part)
9.	Helen Crimlisk	Deputy Medical Director (HC)
10.	Guy Hollingsworth	Corporate Transformation Lead (GH) (for item 6b)
11.	Sue Rutledge	Attendance Case Manager (SRu) (for item 8)
12.	Liz Johnson	Head of Equality and Inclusion, Bank and eRostering (LJ) (for item 12)
13.	Jo Wilson	Medical Education Manager (JW) (for item 16)
14.	Dianne Crookes	OD Programme Manager (DC) (for item 19)
15.	Liz Johnson	Head of Equality & Inclusion, Bank & eRostering (LJ) (for items 21,22,23)
16.	Giz Sangha	Deputy Chief Nurse (GS) (for item 26)
17.	Helen Walsh	PA to Director of Human Resources (notes) (HW)

Apologies:

18.	Cllr Olivia Blake	Non Executive Director of the Board (OB)
19.	Mike Hunter	Medical Director, Executive Director of the Board (MH)
20.	CarolineParry	Deputy Director of Human Resources (CP)

			Lead

1/01/18 WODC	**1a**	**Welcome & Apologies**	
		The Chair welcomed members to the meeting and apologies were noted.	
	1b	**Declaration of Interests**	
		No declarations of interest were noted.	
	1c	**Outgoing NED and Chair of the Workforce and OD Committee**	
		It was noted that this meeting of Committee would be the final one for the Chair of WODC, Mrs Susan Rogers.	
		The Trust Chair, Mrs Jayne Brown expressed her thanks, and those of the Trust, for Mrs Rogers' dedication and commitment as Chair of the Workforce and OD Committee during her eight year plus tenure as Non Executive Director.	

2/01/18 WODC	**2**	**Minutes of the meeting held on Wednesday 25th October 2017**

The minutes of the meeting held on 25th October 2017 were agreed as an accurate record.

The confirmed WODC minutes will be submitted to the May 2018 Board Meeting. |

3/01/18 WODC	**3**	**Matters arising and action log**

1) 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.

30-01-18 Committee reviewed this action and the following was noted. Mr Wilson reported that this issue is no longer on the Corporate Risk Register and Committee members agreed that although there had been a reasonable link to patient safety, when mandatory training rates were low, it was now fair to report that the safety risk has been mitigated now that mandatory training compliance rates are at a much higher level. |

2) Guardian of Safe Working Annual update

It was confirmed that this has been added to the Board agenda planner. The Exec Lead for GOSW has transferred from Mr Wilson to Mr Hunter.

3) Disclosure and Barring Service (DBS) update

The Chair previously queried the number of checks remaining for Bank staff (89). Mr Wilson reported that this has reduced to 8 DBS checks yet to be finalised for Bank staff.

4) Complaints Report

The Chair confirmed that she has raised with Mervyn Thomas and the Quality Assurance Committee, the comments noted at the last meeting relating to the Complaints Report. QAC will take this forward.

5) Starters and Leavers - Workforce Report

It was confirmed that starters and leavers are now included in the Workforce Report.

6) Workforce and OD Strategy KPIS and timeline

At the October meeting of Committee Ms Lightbown suggested that it would be beneficial to see on the KPI document what the desired outcomes are for each of the 'Key Findings'.

ACTION – CP to include this on a future iteration of the KPI document (July WODC). | CP

7) Healthy Food for Staff

At the October meeting of Committee the Chair queried how the Trust monitors the provision of healthy food for it's staff, Mr Wilson replied that Sodexo have quotas to comply with in relation to low sugar drinks for example. It was noted at the time that the Trust could do more in this area and Ms Lightbown had added that it is a Facilities led function with input from other areas of the Trust.

ACTION – Ms Parry to contact Helen Payne, Director of Facilities. | CP

30-01-18 – The Chair recalled a discussion at Board regarding the Trust's low Organisational Food Rating and noted that it was therefore important that Committee receive feedback from Ms Parry's conversation with Helen Payne.

8) Carers Strategy Implementation Plan

Following a query from Chair following the departure of the Carers Strategy Lead to a new role within the Trust, Mr Wilson confirmed that a Business Case is being provided to Business Planning Group relating to resources required to proceed with the plan. Mr Clarke confirmed that he and Mr Hunter will be joint Executive Leads for the Carers Strategy Implementation Plan going forward. It was noted that a robust discussion had taken place at Board on this topic recently. Board members urge colleagues to progress implementation of the plan as soon as possible to avoid further delay.

9) Health and Safety Committee update

At the last meeting of Committee Ms Lightbown asked for assurance that the Trust are training the right level of manager with the right knowledge of the legislation and their duties under that legislation.

30-01-18 - Mr Wilson reported that he has spoken to Charlie Stephenson (H&S Officer), about this and it was also raised at the last meeting of the Health and Safety Group. Ms Lightbown reiterated that it is important to receive assurance that relevant managers are trained in health and safety and that they are executing their statutory responsibilities under health and safety legislation.

ACTION – DW to request that Charlie Stephenson prepare a report for a future meeting of WODC (following the reconfiguration) to show the numbers of staff in the Trust who should be Health and Safety trained against those who have already received the training and those that haven't. | DW

10) Incremental Pay Progression

The Chair reiterated the need for assurance to Committee that the numbers of staff not receiving their incremental pay progression is improving. It was also noted that Committee will be receiving a verbal update at the next meeting of Committee regarding any savings generated during this financial year that are directly linked to the incremental pay progression initiative.

ACTION – DW to obtain the savings data from Finance.

DW

DW confirmed that the numbers of staff not receiving their incremental pay progression are low. The pay band that has the highest percentage of staff who haven't received their pay increment is Band 8D, followed by Band 4. The pay band with the lowest percentage of staff who haven't received their pay increment is Band 5. Mr Wilson confirmed the actual numbers are :-

Band	Total no. of staff affected	No. still outstanding
2	80	9
3	115	9
4	60	8
5	145	6
6	194	13
7	92	5
8A	0	0
8B	12	1
8C	0	0
8D	4	1

It was noted that the eLearning system wasn't accessible mid December and Mr Wilson confirmed that subsequently no members of staff were penalised during this period.

Mr Wilson added that, following a conversation with Staff Side he is considering developing a policy / guidelines on Incremental Pay Progression to ensure that the procedure is absolutely crystal clear.

Following a query from Mr Clarke, Mr Wilson confirmed that he is assured that managers aren't at fault for staff not receiving their pay increment. Mr Clarke said that he would like each of the ones outstanding to be investigated further as to the reason why they haven't received their increment. The Chair welcomed this approach.

ACTION – DW to request the staff names and line manager names from Workforce Information along with the reasons for non-compliance.

DW

4/01/18 WODC	**4**	**Draft Terms of Reference of the Workforce and OD Committee**

Ms Saunders presented this item and the following amendments were noted.

- The Chair referred to a paragraph at section 10 that requires rewording.
- Mrs Stanley asked for the objectives in section 4 to be revisited as they appear to be EDG objectives (operational) rather than WODC objectives (strategic). This section should also include what areas WODC is required to receive assurance on.

- Ms Lightbown echoed the above and suggested that the terms of reference be re-written as they are too heavily detailed. WODC has an assurance role not operational.
- Typos at 4(i) and 4(v).
- The Trust Chair, Mrs Brown added that it is likely that all Sub Committee Terms of Reference will be reviewed once the two new NEDs are in post.
- Reporting Groups – section 10. This section has changed considerably and requires updating. The paragraph directly underneath the list of groups can be removed. This also affects the WODC Assurance Structure at the end of the document.

ACTION – Ms Saunders to update the WODC Terms of Reference in due course and provide back to WODC and to EDG. | MS

| 5/01/18 WODC | 5 | Mrs Stanley asked that the BAF be reviewed at the end of this meeting and should appear at the end of future WODC agendas, as per other Sub-Committees. |

a. Board Assurance Framework
Ms Saunders reported that the front sheets for Board and Board Sub-Committees now cross-reference with the BAF. Mrs Stanley highlighted that two of the entries need to be aligned and amended prior to Board. Mr Wilson and Ms Lightbown to discuss outside of the meeting, and also in relation to the entry regarding eRostering. | DW LL

b. Corporate Risk Register
One risk assigned to WODC – Risk of inefficient medical cover due to caps on agency rates affecting the affordability of locum doctors. Mr Wilson said that he isn't currently aware of any breaches in this regard.

| 6/01/18 WODC | 6 | **360 Assurance Audit Reports update** |

The Chair reported that NEDs and Executive Directors received a strict request from Internal Audit via Audit Committee that outstanding actions in all Audit Reports must be implemented in a timely manner. Mr Clarke added that realistic timeframes for completion of actions is key.

a. Disciplinary Investigations Review Audit

Mr Wilson reported that the Disciplinary Policy itself was consulted on and went through the necessary governance processes and has been available on the Trust intranet since 1st November 2017. Mr Wilson added that, in terms of the Disciplinary Audit Action Plan, he has a number of amendments he would like to make so has asked Ian Hall to provide a revised version for the April meeting of WODC.

It was noted previously that the number of outstanding disciplinary cases 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

ACTION Bfwd – deferred to the April meeting of Committee.

b. Temporary Staffing Audit

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

Committee received a copy of the follow-up report on the Temporary Staffing Audit, which indicates that most actions have been completed. The exceptions are two actions that are still underway. These are:

New Policy

To ensure staff are aware of their duties in relation to the engagement of temporary staffing. A new policy (case of need for the policy approved at EDG in autumn 2017), Engagement and Deployment of Temporary Staffing, has been developed and consulted on. This policy was considered at January Policy Governance Group. PGG has asked that there be some final cross referencing with the new Procurement Policy (also being developed currently). Hopefully this can be completed in time for the policy to be returned to PGG February meeting.

Blanket Orders

As noted in the Internal Audit report a number of further controls have been put in place. However blanket orders are still required for the nine Nursing agencies agreed via the NoE CPC. Wards and units need to be able to engage nursing staff when required and it is not feasible to have a separate requisition and order process for each individual assignment.

As noted in the report the Trust intends to make greater use of the capacity of the eRostering system to oversee and manage agency use on eRostered units. This is taking time to implement. Over the last 6 months the Trust has worked closely with the agencies to identity those staff that they intend to supply, to check credentials and to enter them onto the eRostering system so that individual agency staff can be identified when assigned to a shift. Still need to have an improved communication from agencies regarding new staff. Still outstanding are two further actions. Firstly, entering costs for agency staff onto the system. This will enable the eRostering system to be used to generate information for Procurement to check against invoices. This will be considerably more efficient and effective than checking of individual timesheets. However, as HealthRoster is currently configured the set up for entering agency costs does not fit with how the agreed framework agencies configure their costs. Therefore, along with other Trusts using Allocate, the Trust have been unable to implement this part of the system we are working with Allocate on this. Secondly the Trust plan to give access to agencies to the part of the system that enables them to offer candidate staff for available shifts. This will not be instead of Bank and shifts will still be available for Bank staff. This process will ease the administration for wards. We are working with I.T on the I.T security issues involved in this process.

Next steps are - Finalisation and ratification of the Engagement and Deployment of Temporary Staffing policy - short term.
Further work on the links between eRostering systems and Agency - medium term.

Monitoring of outstanding actions is via the Agency and Off Payroll Management Group and its successor. A proposal is being provided to the next Effecting Staffing Group regarding streamlining some of the current groups relating to Agency, Bank and eRostering.

c. Mandatory Training Audit

Mr Wilson reported that the outstanding actions relating to the Mandatory Training Audit relate to issues with eLearning and the delay in setting up ESR Self Service ESR (which is now live).
Following a query from the Chair, Mr Wilson said that he would double-check compliance rates and report back to next Committee via the Mandatory Training Report.

7/01/18 WODC	**7**	**Joint Consultative Forum (JCF) Minutes – dated 20-09-17**

Committee received the confirmed minutes for information.

8/01/18 WODC	**8**	**Improving Attendance, including PhysioMed**

Mrs Rutledge attended Committee for this item and the following was noted.

Mr Wilson reported that the feedback received in relation to the introduction of the service from PhysioMed has been 100% positive. Mr Wilson added that the benefits from the service are beginning to be realised which is evident from the decreasing numbers of musculoskeletal cases as a reason for absence. The number of absence cases attributed to musculoskeletal conditions was 15% and is now under 10%.

Since the introduction of the revised Promoting Attendance and Managing Sickness Absence Policy in November 2016 the HR Team have dedicated more hours to sickness absence cases (2 x part-time HR Advisers in conjunction with the Attendance Case Manager).

The Chair thanked Mrs Rutledge for her continued efforts in relation to sickness absence especially as the Trust's sickness absence rate is now below the national average.

Mr Mills asked if there was value in showing a break-down of absences in each area by age in order to understand whether age is a key factor.
The Chair asked if the next report to Committee could show the number of Welcome Back To Work meetings that have taken place. Mrs Rutledge is exploring if this data can be recorded on ESR.

ACTION – SRu to consider these two additions for the next WODC report in April.   SRu

Following a query from Mrs Stanley, Mrs Rutledge explained that there could be a link between sickness levels and the reconfigurations the Trust is going through at present. Especially given that the top reason for absence is anxiety/stress/depression/other psychiatric illnesses.

Following a query from Ms Lightbown regarding feedback from managers, Mrs Rutledge explained that she and HR colleagues are advising managers to enable them to use the Promoting Attendance Policy more effectively, in conjunction with the Promoting Attendance Training (1 x full day) and the Annual Promoting Attendance Conference.

Mrs Rutledge continues to work with the 8 hot spot areas that have high levels of sickness absence (Birch Avenue, Woodland View, Substance Misuse, G1, Grenoside Facilities, Burbage Ward, Community Admin and Firshill), has undertaken dedicated analysis and provides additional support to Teams and line managers.   Ms Lightbown said that she would like to know the reasons behind the high levels of sickness absence in these 8 areas with regards to nurses. There are issues with staffing levels at Firshill that could directly link to the high sickness levels in that area.

ACTION – SRu to provide Ms Lightbown with data relating to nurses in the 8 hot spot areas. SRu

Mr Wilson added that the Trust also now has a fast-track psychological service for staff, provided via IAPT.

Following an additional query from Mrs Stanley about targeted training, Mrs Rutledge confirmed that HR are considering facilitating briefing sessions on certain sections of the policy in order to capture front-line staff who are unable to attend the full day training.

With regards to the revised Promoting Attendance Policy, Mr Wilson confirmed that the policy is currently going through a period of consultation with Staff Side. It was agreed in November that the policy would be reviewed after 6 months. Staff Side had previously asserted that managers weren't using enough discretion when applying the policy but HR have been able to evidence that this is not the case, Managers are applying discretion where necessary.

It was previously agreed that Committee would receive an Annual Report on Improving Attendance in April 2018 and then Board in May/July 2018. SRu

9/01/18 WODC	**9**	**Bullying and Harassment update**

Mr Wilson provided the following update on behalf of Ms Parry.

WF&OD Strategy A2 04 / 04-b: **"Explore opportunities and initiatives to support action to address bullying and harassment in the workplace".**

1. 2017: Meeting with Dr Makani Purva (Hull and East Yorkshire Hospitals NHS Trust) – key learning points included:

   o Strategically: Cultural transformation focussed on behaviours to set expectations – this approach will be considered in the context of SHSC Workforce and OD Strategy, and work on the psychological relationship with staff, working with OD colleagues.

- o Operationally: Informal resolution wherever possible, and encouraging people to speak to each other. Whilst SHSC offer mediation, both parties need to agree to take part. HR have been developing a Problem Resolution Framework with the aim of informal resolution wherever possible. The approach has been trialled in some bullying and harassment cases, and is currently under review following feedback and amendment, prior to implementation.

2. Ms Parry attending Tackling Undermining and Bullying in the NHS Conference 8th February 2018 in Birmingham.

3. Case Analysis

   a. April 2014 to July 2016: 9 cases referred to the Joint Screening Group (JSG) and Staff Side. JSG outcomes = 1 upheld and disciplinary action taken, 2 referred for mediation, 5 - no bullying and harassment found and 1 pending investigation at that time.

   b. August 2016 to December 2017: 11 cases referred to the JSG, outcomes = 7 moved to formal investigation, 1 informal through Problem Resolution Framework, 3 referred for mediation. Of the 11 cases 1 was from a mixed group of staff, and the gender split of the remaining 10 cases was 50/50 male and female. The breakdown of cases for this reporting period between Directorates is as follows:

Communities 45%	Specialist 27%	Inpatient 9%
Medical 9%	Corporate 9%	

   Further work is to be undertaken to consider the underlying reasons including culture, management, behaviours and trends.

4. Next Steps:

   - o Refreshed Bullying and Harassment Group membership to include Staff Side, OD, Diversity and Inclusion, HR and clinical representation.

   - o Staff Survey Results 2017 to be reviewed when published.

   - o Focussed action appropriate to Directorate need to be fed into People Plans.

   - o Review case analysis and reporting.

   - o Review training and support for bullying and harassment.

   - o Explore opportunity through new Clinical Directorate management development sessions to focus on management responsibilities for addressing bullying and harassment.

   - o Increase number of trained mediators within the Trust (currently 2).

Mrs Stanley asked for an update on the various pieces of work at a future meeting of WODC and Ms Lightbown suggested that bullying and harassment cases should be included on the Workforce Report.

Action – CP/HW to note for the July meeting of WODC.

CP/ HW

10/01/18 WODC	**10**	**Friends and Family Test (Staff) update** Item deferred to May Board instead of WODC (part of Staff Survey paper).	CP
11/01/18 WODC	**11**	**Communications Strategy** Item deferred to the April meeting of Committee.	MS

12/01/18
WODC

12 **Excess Hours**

Liz Johnson attended the meeting for this item and the following was noted.

In September 2014 the Trust agreed to set limits to staff working excess hours. It was agreed that limits on average weekly working hours would be established, progressively stepping down from 60 to 56, 52 and finally 48 hours. In May 2016 a report to EDG indicated limited success was being made and a range of actions were noted as on-going or proposed, including:

- A reporting process to senior managers via Workforce Information
- Reporting through the Bank Steering Group
- A new policy preventing Bank Staff from working during the statutory minimum annual leave period (20 days per annum)
- Ensuring that the new Trust ERostering system was able to monitor and put limits on booking any shifts that would lead to a member of staff working over the 60 hour limit
- Inclusion of provisions regarding excessive working hours in the Trust Rostering Policy
- Ensuring that Working Time Directive opt out forms were completed and reviewed annually, and
- Placing the risk of staff working in excess of 60 hours on the Risk Register.

Since May 2016 significant progress has been made. The table below summarises progress. It was noted that the excess hours monitoring report reports on staff working in excess of 60, 56, 52 and 48 hours so some members of staff are included more than once in the excess hours report, for this reason the total number of individual staff working excess hours is included in the summary below.

	December 2016	November 2017
Number over 60 hours	4	1
Number over 56 hours	10	4
Number over 52 hours	30	11
Number over 48 hours	63	29
Total Number of individuals working excess hours	63	29

One area of concern to note is that the latest excess hours report indicated that five staff working over 48 hours had no record of having completed a Working Time Directive opt out form, this indicates that there may need to be a better system in place for ensuring that staff who choose to work over 48 hours complete the necessary paperwork to ensure that the Trust is compliant with the Working Time Directive.

Otherwise it is proposed that due to the significant and sustained reduction in the numbers of staff working excess hours that no further additional action is required and the current focus on monitoring and local action through service managers is maintained.

It is proposed that:
a. excess hours reporting continues to provide assurance and remains as a standing item on the Safer Staffing Group agenda.
b. senior managers of services continue to receive a report so that they can monitor excess hours as part of their general management role.
c. the Working Time Directive Policy and procedure is reviewed to ensure that these work effectively to ensure that no staff work over 48 hours without completing the appropriate op-out form.

The Chair thanked Liz for her report but added that she would like to see the numbers of staff working excess hours reduce to zero.

13/01/18 WODC	13	**Staff Health and Wellbeing Strategy / annual update**

Item deferred to the July meeting of Committee.

14/01/18 WODC	14	**Mandatory Training quarterly update**

Committee received the report that went to EDG 25th January 2018. Mr Wilson reported that compliance rates for the majority of mandatory training subjects are significantly higher than in recent months with the exception of DoLs and Respect Level 1 that are still below the 80% Trust target (70% and 65% respectively). It was also noted that Prevent Training is currently at 77% and has a national target of 85%.

The trajectory forecasts that DoLs and Respect Level 1 should be 80% compliant by April 2018. Following a query from the Chair, Mr Wilson confirmed that he is assured by Jennie Wilson, the Mandatory Training Lead that the Trust is on track for 80% compliance in all subjects by July 2018.

Following a query from Mr Mills, it was noted that staff can log-on from home to complete some training subjects via e-Learning.

Mrs Stanley and the Chair thanked all those concerned in the Training Department for their efforts concerning the significant improvements in compliance, and thanks also to Guy Hollingsworth for his role in achieving the Trust targets and those formerly agreed with the CCG.

15/01/18 WODC	15	**Health and Safety Group update**

Committee received the confirmed minutes from the meeting of the Health and Safety Group on 20th November 2017.

| 16/01/18 | **16** | **Doctors in Training Streamlining process and pilot** |
| WODC | | Jo Wilson attended the meeting for this item and the following was noted. |

Following nomination by Dean Wilson, and approval from Mike Hunter the Trust expressed an interest in this national pilot in November 2017 and has subsequently been accepted together with 11 other Trusts and 16 'Fast Followers'. The Programme's key stakeholders are HEE, NHSi, ESR and NHS Employers.

The aim of the Doctors in Training National Streamlining Programme is to develop a "Perfect Process" for managing rotations, supported by detailed toolkits, user guides and performance reporting. Six principles have been identified as the key steps to achieving the "Perfect Process".

Jo Wilson (Medical Education and Staffing Manager) will be the Operational Lead for SHSC with the expertise of Rachel Noble (ESR) and Jennie Wilson (Mandatory Training). Trusts are required to implement the 6 principles with support from the National Streamlining Programme (national meetings, webinars, access to experts) and contribute to the design of guidance to be implemented nationally. The timeline for this is August 2018.

Mrs Wilson reported that he is very pleased with progress and has received excellent feedback from Programme Managers and Junior Doctors themselves. The Trust's profile is increasing via networking opportunities with NH Improvement and NHS Employers.

Mrs Crimlisk added that this is an excellent initiative that the Trust's Junior Doctors welcome very much, particularly as the Royal College of Psychiatrists produced a document relating to the recruitment crisis that recommends that Trusts pay attention to procedures for a group of staff who are continually moving from place to place, and as Lead Employer the Trust has the duty to do that. Over eighty Junior Doctors attended the Enhanced Junior Doctors Forum in December which went very well.

It is also useful to note that this is a quality improvement project that reduces waste and should be recognised as such. The Chair agreed that is was helpful to view the project in this way as it saves time and resources.

Following a query from Mrs Stanley, Mrs Wilson confirmed that the Trust's systems (ESR/I.T) are up-to-date in order to handle the requirements of the project. The pilot will be complete in August 2018 then the toolkit will be rolled out to all Trusts as standard practice. The Chair thanked Mrs Wilson for the update and Committee asked for a regular update to WODC (with expanded abbreviations).

| 17/01/18 | **17** | **Supervision update** |
| WODC | | |

Ms Lightbown presented the position statement that went to EDG 25th January 2018.

The Trust received a "Should do" action relating to supervision following a Care Quality Commission (CQC) Inspection in November 2016 and the Trust was asked to:

"E*nsure that it has a system in place to monitor the frequency of management supervision across the organisation".*

An electronic system for supervision has been developed and is available for use by all frontline clinical teams and for Trust-wide reporting purposes.

From January 2018 onwards full implementation of the supervision recording system & roll out to all teams will be led by the new Associate Clinical Director (Crisis & Emergency Care) Chris Wood, supported by the new Deputy Director of Nursing (Operations) Tony Bainbridge.

Supervision standards are being agreed for audit & monitoring purposes. This is to ensure consistency in the use of the form relating to Multi-Disciplinary Team (MDT) members (nurses, doctors, allied health professionals, administrative staff etc).

In October 2017 the supervision policy was amended & updated to reflect agreed contract and record keeping arrangements for supervision by individual line managers.

The new Associate Clinical Director & Deputy Director of Nursing (Operations) will continue to review supervision compliance and report monthly into the new Senior Clinical Operations Performance & Governance meeting, once this is established by the new Director of Operations & Transformation (Michelle Fearon) & Clinical Director (Peter Bowie).

Committee were asked to note that work is progressing to implement a Trust wide system to monitor professional, clinical and management supervision. That the virtual supervision group is setting quality standards, audit and monitoring each teams' uptake of supervision form usage.

The Chair noted that this is a helpful summary that ties in with PDRs and the need for staff to have a quality discussion with their manager. Committee looked forward to receiving a further update on progress at the July meeting of WODC.

LL/GS

18/01/18 WODC	**18**	**Workforce and OD Strategy Delivery Plan update**

Committee received the report and updated Delivery Plan that went to EDG 25th January 2018. Mr Wilson reported, on behalf of Ms Parry that he is satisfied with progress that has been made and in particular noted that, especially during a period of significant change in the Trust, he was pleased to report that there had only been one grievance received by HR that could be attributed to organisational change.

Mr Wilson also reported that, as well as the work with local Trusts concerning the ACP agenda (Working Together initiatives), the Trust's Workforce Planning Group has made links with South West Yorkshire Partnership NHS Foundation Trust to share best practice, and a joint session is planned for next quarter.

SHSC career showcase was successfully delivered to approx 50 Sheffield University Technical College students (aged 16/17) on 26/10/2017, and was very well received by participants. Five staff are employer mentors for students on health and social care programmes at the University Technical college (UTC).

Following a query from the Trust Chair, Mrs Brown, Mr Wilson said that the Trust have a close relationship with UTC so should be able to establish if any of the students who attended do actually end up working for the Trust.

Ms Lightbown mentioned the need to formalise work experience at the Trust. Mr Wilson agreed and has spoken to Liz Johnson about doing this. The Trust receives regular requests for work experience through various channels and an agreed process and procedure would be welcomed.

The apprenticeship levy plan is on track with the Health and Social Care Apprenticeship numbers maintained with 25 planned starts. Training routes are in development for a degree level apprenticeship for an IT Digital Analyst and a degree level apprenticeship Technical support Officer (Estates).

The Trust also has representation on the Local Workforce Advisory Board, and is a member of the South Yorkshire Excellence centre (SYREC work stream of LWAB) and leads a sub group for support staff progression.

KPI section – Mrs Stanley asked for the KPIs to be reviewed as some of the statements may have changed. A key would also be useful to explain the Red, Amber, Green ratings and re-iterated the request for the Blue rating to be added. Mr Wilson said that the KPIs would be updated and re-submitted at a future meeting of WODC (July).

CP

19/01/18
WODC

19

Organisation Development verbal update

Dianne Crookes attended the meeting for this item and the following was noted.

Funding - Shortly before Christmas a grant application was approved by HEE to fund coaching and mentoring activity in the Trust. Specifically this covers:
- 1 cohort of 12 people training to and accreditation of ILM 5.
- 3 cohorts of coaching at the frontline training (3 day course)
- Establishment of a mentoring process and system, and training for manager
- Developing coaching supervision capacity

Training delivery
- Coaching at the frontline
- Mentoring for leadership
- Crucial conversations

Feedback has been very positive and uptake high.

The coaching service
436 recorded coaching sessions with 114 individual coachees.
Currently 17 active coaches, with 8 confirmed ILM 5 accreditation
Submissions.

Organisation Development
Working with several teams to facilitate away days and development of a compassionate culture through coaching.
December Trust Management Group follow up session from the Compassion Conference.

Committee welcomed the update and thanked Mrs Crookes for the positive work that is taking place.

| 20/01/18 WODC | **20** | **Confirmation of the Care Network Management Teams Structure, following the Clinical / Community Directorate Restructure** |

Committee received, for information, the list of staff in the Care Network Management Teams. These are split into 6 areas :-
- Crisis and Emergency Care
- Single Point Access and Crisis Hub
- Acute Bedded Services
- Scheduled and Planned Care
- Primary Care
- Secondary Care

It was noted that there are three gaps that will be recruited to and are being covered in the interim. Ms Lightbown reported that a structure diagram is being drafted that will show clearly the lines of management.

| 21/01/18 WODC | **21** | **Equality Objectives** |

Ms Johnson attended the meeting for the next three items and the following was noted.

The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 set out specific actions public sector organisations must take to support meeting the PSED. These duties include a requirement to identify and publish 'Equality Objectives'. The Trust Equality Objectives were first identified and published in April 2012 and updated in 2016.
The NHS Equality Delivery System 2 (EDS2) was developed by the NHS to Support NHS organisations to identify equality objectives and priorities, focusing on four EDS2 Goals: Better health outcomes, improved patient access and experience, a representative and supported workforce, and Inclusive leadership. The Trust Equality Objectives and Priorities 2016 – 2020 were published in 2016 to support the Public Sector Equality Duties and EDS2. Objectives and Priorities are grouped into Service and Workforce. The Trust reports annually on progress through the Trust Annual Equality and Human Rights Report.
Committee received a document that provides an interim report on progress for the financial year 2017/18 as of December 2017.

In terms of progress targets and actions have been achieved more consistently for Workforce than for Services. Service Objectives were agreed in partnership through the City Equality Engagement group which is the mechanism for consultation and engagement relevant to the EDS2. This group has historically consisted of NHS organisations, organisations representing protected groups and key stakeholders such as public health and Healthwatch. The group was convened and coordinated through the CSU but due to staff changes the group has only met once in 2017, this has had an impact on some equality objectives that were intended to be taken forward in partnership.

Discussions are on-going regarding the future of the group however dependant on the outcome some objectives may need to be reviewed. Key areas to highlight in terms of progress are:

Services:
Lack of progress as above objectives intended to be taken forward in partnership in particular service objective 1, 5 and 7.
Lack of progress with regard to objective 10 which has been impacted on by Capacity to engage with services and the restructure of services in terms of priorities. Positive progress has been achieved with regard to priority 2 focused on the Accessible Information Standard and objective 3 focused on the use of ethnicity data to inform service improvement design and delivery.

Workforce:
Positive progress has been made in most areas in particular with regard to Preparation for the Workforce Disability Equality Standard.
There has been a Lack of progress on implementing the problem Resolution Framework although piloting has taken place and there is also a need to Review progress in terms of the Workforce Race Equality Standard metric relevant to BME staff and disciplinaries which had improved but now appears to be in decline.

A full progress report will be completed in June / July 2018 to support contract compliance and the Equality Act 2010 requirements.
Further work will be undertaken to address areas of deficit identified in the report.

Ms Lightbown thanked Ms Johnson for a well set-out and easy to follow document and a brief discussion took place regarding linking in with Care Standards in preparation for the forthcoming CQC Well-led inspection – focussing on the areas where risk of mortality is highest.

The Chair was pleased and re-assured to note that the Trust is a Disability Confident Employer at Level 2, moving to Level 3.

Following a further point from the Chair, Ms Johnson stated that she does receive the incident reports relating to bullying and harassment and are followed up accordingly but more could be done in terms of supporting staff affected. The Chair also asked about flexible working options that could be explored. Ms Johnson said that the Flexible Working Policy and procedures could be publicised more actively.

22/01/18 WODC	22	**Workforce Race Equality Standards**

The Workforce Race Equality Standard (WRES) is a national standard introduced in July 2015. The aim of the WRES is to respond to lack of progress in relation to workforce race equality in the NHS. The WRES requires NHS organisations to report on and demonstrate progress against workforce metrics. The Standard has been included in the NHS Standard Contract since 2015/16. The WRES has nine metrics.
Targets were agreed by the Trust Board in July 2016. Targets are intended to be achieved or maintained by 2021.

The report received by Committee provides a half year progress report covering the period July 2017 to December 2017. The next full WRES report is due in July 2018. A half year report on all nine metrics is not possible due to national reporting timescales for the NHS Staff survey. The report therefore covers progress against targets for metrics one, two and three and a general report on progress in key action areas where no specific target update is available for metrics four to nine. The report also highlights relevant aspects of the national WRES data analysis report that was published in December 2017. Generally progress remains good, in particular the Trust has nearly reached its target levels for Band 6 and 7 BME staff, which should then allow for movement into Bands 8-9.

The work that the Trust is supporting associated with the Build Modify Expand Project (previously Innov8) continues to deliver its objectives and a proposal has been submitted to BPG to fund a final year with a view to mainstreaming from April 2019. A significant concern however is metric 3 which looks at the percentage of staff from white and BME groups subject to disciplinary action. This has increased from 1.55 to 2.55 (lower is better to 1.00). Further urgent review of the possible reasons associated with this and revised action plan are required to ensure that movement towards the target of 1.0 is achieved and maintained. The other area of concern highlighted in the main WRES report in July was metric 5 which cover staff survey data about harassment experienced by staff from service users or the public. Some action has been taken through the Trust BME staff network group but additional work on this is still required. There is a possibility of working in partnership with another Trust on this and also looking at good practice in other Mental Health Trusts.

Following discussion Ms Johnson added that the disciplinary data shows that there is a significant impact on staff from Bank (all from BME backgrounds). Committee proposed that a separate report is produced on disciplinary data for this staff group.

LJ

| 23/01/18 WODC | **23** | **Gender Pay Gap** |

There is a new duty that public organisations including the Trust have to comply with, which is to publish information about the organisations Gender Pay Gap. This is similar to the duty that private sector organisations have to publish gender pay gap information however for Public organisations the legislation that requires this is The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 and timescales are slightly different.
For the Public Sector the Gender Pay Gap must be published within 12 months of the 31st March 2017, through the organisations web site and on the Government Gender Pay Gap reporting web site. The ability of NHS organisations to publish in a timely manner has been affected by a delay in development of an ESR 'Business Intelligence' report, developed to extract the required data for reporting purposes. This was only made available at the end of December 2017. The HR Director regional group have been aware of this and have therefore proposed that NHS organisations in the region agree to publish on the 8th of March 2018.

The attached report includes the information that must be published but does not at this point in time include any detailed narrative regarding the data or the Trust's response.

Committee received the paper that was submitted to EDG via email on 26th January 2018 for information and noted, following an explanation from Mr Wilson, that Dr Hunter has a query relating to the bonus pay section and that HR are working on narrative to support this, ahead of a confidential discussion at February Board.

24/01/18 WODC	24	**Workforce Report as at 31st December 2017**

Mr Wilson presented this item and the summary of key points were noted. Sickness Absence Rate for Quarter 3 is 5.80% this is an increase of 0.44% on the previous quarter. Extreme caution should be applied at this stage due to incomplete reporting procedures.

Turnover Rate for the 12 months ending 31 December 2017 is 13.22%. This is above the Trust's maximum target staff turnover rate of 13%. Following discussion it was noted that staff transfers are not included in the turnover rate but could be recorded elsewhere. Following a query from Mr Mills, Mr Wilson stated that the turnover of staff should settle down once the reconfigurations are embedded, however this will need to be monitored. As at 31st December 2017 FTE is 2086.58 and FTE with bank and non NHS spend is £2268.82. The overall staff headcount trend continues to show a downward trajectory as services reconfigurations take place.

As at 31st December 2017 Personal Development Review (PDR) compliance is 96%. This further demonstrates that the continued work on this area is embedded in our culture. Additional criteria have been added to this area of work as we attempt to drive up staff performance, accountability and ownership. This is the highest reported level of PDR completion within the NHS as is an outstanding result. Further work is required on the quality of PDRs, but this is an excellent foundation on which to build that work.

Mr Wilson added that an outcome has been received in respect of a third Employment Tribunal (one individual with 3 claims). All 3 claims have now been dismissed. The Chair added that it was interesting to note that the average age of staff is decreasing (average = age 45 and 2 months) and the average length of service is 9 years and 8 months. Mr Wilson also confirmed, following a query from the Chair, that the 6 dismissals were as a result of poor attendance at work. In addition, Committee were assured that the Redeployment Register is being managed effectively and that any redundancies are appropriate (very low numbers).

25/01/18 WODC	25	**Effective Staffing Group update**

Committee received the confirmed minutes for information, dated 10th August 2017 and the unconfirmed minutes dated 12th December 2017.

26/01/18 WODC	26	**Nurse Recruitment and Retention update**

Mrs Sangha attended the meeting for this item and the following was noted. The Nurse Recruitment and Retention Group meet monthly to update, address issues and progress initiatives. The rolling advert for Band 5 Nurses continues to be successful in attracting applicants, and from September to 31st December 2017 has enabled the recruitment of 20 nurses, with further interviews planned for January 2018.

The Trust has joined Cohort 2 of NHSI Retention Programme, and a nurse retention plan is to be submitted to NHSI 08/02/2018 (Ms Parry and Mrs Sangha are leading on this). This will include work already in progress i.e. the feedback from the nurse focus groups (over age 50 etc) undertaken between August and November 2017, new role development and career planning. Various retention events have been attended including NHSI Retention Improvement Masterclass, HRDs/Directors of nursing meeting, North Region Workforce Think Tank/Summit - "Care in the North: Our Future Our Workforce". Learning from the events has been shared and will be of wider benefit to retention planning for other priority staff groups.

27/01/18 WODC	**27**	**Accountable Care System (Working Together / STP) verbal update**	
		Mr Wilson reported that there are two main groups that are taking forward the 'working together' remit – 'Accountable Care System Partnership Board' and 'Local Workforce Action Board' (Chaired by Kevan Taylor and Mike Curtis). A number of separate 'Working Together Groups' operate under these that cover the various work-streams. There are seven Trusts involved regionally that are split (4 / 3) to take forward pieces of work locally. SHSC meet regularly with The Children's Trust and Sheffield Teaching Hospitals.	
28/01/18 WODC	**28**	**NHSi presentation slides (information for Chairs, Chief Executives and NEDs)**	
		Committee members noted for interest. Will discuss as necessary at the next NED meeting with the Trust Chair.	JB NEDs
29/01/18 WODC	**29**	**Any Other Business**	
		No further business was reported.	
30/01/18 WODC	**30**	**Evaluation of Meeting / Chair's Significant Issues Report**	

The Chair provided an evaluation of the meeting and the following was noted for the Significant Issues Report for November Board:
- Equality Objectives and the Workforce Race Equality Standards (WRES)
- 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.
- Streamlining Process and pilot for Doctors in Training.
- Positive progress on Supervision.
- Bullying and harassment both generally and specifically in relation to BME staff and further work is intended in this area.
- Workforce and OD Strategy Delivery Plan.

Mrs Stanley congratulated Mrs Rogers on her superb Chairing skills, inclusiveness and flair as Chair of the Committee, and wished her all the best for the future as Mrs Rogers' tenure as Non Executive Director comes to an end.

DW checked 20-04-18. Confirmed 24-04-18.