TRUST BOARD OF DIRECTORS
Meeting Date: 14th November 2018

TITLE OF PAPER	Workforce and OD Committee – Summary Report to the Trust Board of Directors in respect of Significant Issues
TO BE PRESENTED BY	Olivia Blake, Non-Executive Director on behalf of 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: **30th October 2018**
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	• Trust Board Assurance Framework • NHS Audit Framework
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Timely reporting to the Trust Board of Directors
CONSIDERATION OF LEGAL ISSUES	None required.

Author of Report	Olivia Blake on behalf of Laura Serrant
Designation	Non-Executive Director
Date of Report	30th October 2018

1. Purpose

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

2. Significant Issues of Interest to Trust Board

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

a) The Gender Pay Gap Report was received and Committee agreed that the report be published in March 2019, at the same time as other organisations, as recommended by EDG. It was also agreed that further analysis should be undertaken to ascertain where potential gaps are affecting particular staff groups. It was noted that the report would be submitted to November Trust Board.

b) The Annual Equality and Human Rights Report was received and Committee were informed that better recording of the protected characteristics would highlight some differences each year. The most significant change to note this year is the increase in people under 18 accessing the Gender Identity Service. This is reflective of the position nationally. It was noted that the report would be submitted to November Trust Board.

c) The Health Education England Self Assessment Report was approved by October Trust Board subject to two items of clarification to be approved by WODC. Committee received the amendments and approved the report for submittance to HEE by the end of 30th October 2018.

d) Committee discussed the Board Assurance Framework, and, in particular Risk A202. The 'significant' RAG rating on Risk A202 was challenged and re-graded to 'moderate'. Also, all of the 'full assurance' RAG ratings were re-graded to 'significant'.

e) Committee agreed that items that form part of the Workforce and OD Strategy Action Plan, that have appeared in isolation on recent WODC agendas, should instead be reported to EDG each quarter as a Performance Report against the Action Plan. The Performance Report should then be provided to Committee for assurance.

f) Clarification to be obtained from the Finance Director with regards to the requirement of WODC in terms of Audit Reports.

3. Contact Details

For further information, please contact:

Olivia Blake, Chair of the October meeting of Workforce and OD Committee and Non-Executive Director olivia.blake@shsc.nhs.uk, olivia.blake@councillor.sheffield.gov.uk.

Prof. Laura Serrant, Chair – Workforce and OD Committee and Non-Executive Director laura.serrant@shsc.nhs.uk, l.serrant@shu.ac.uk.

Attached: Approved minutes of the Committee dated **31st July 2018**.

Workforce & Organisation Development Committee

Minutes of Sheffield Health & Social Care NHS Foundation Trust's Workforce and Organisation Development Committee - held on Tuesday 31st July 2018, Fulwood House, Sheffield, S10 3TH.

Present:

1.	Laura Serrant	WODC Chair and Non-Executive Director of the Board (LS)
2.	Dean Wilson	Director of Human Resources, Associate Director of the Board (DW)
3.	Ann Stanley	Non-Executive Director of the Board (AS)
4.	Olivia Blake	Non-Executive Director of the Board (OB)
5.	Margaret Saunders	Director of Corporate Governance, Board Secretary (MS)

In Attendance:

6.	Caroline Parry	Deputy Director of Human Resources (CP)
7.	Karen Dickinson	Head of Education, Training and Development (KD)
8.	Brenda Rhule	Deputy Chief Nurse (BR)
9.	Helen Walsh	PA to Director of Human Resources (notes) (HW)
10.	Christopher Wood	Associate Clinical Director (CW) (for item 10)

Apologies received:

11.	Liz Lightbown	Director of Nursing, Profession & Care Standards and Executive Director of the Board (LL)
12.	Mike Hunter	Medical Director, Executive Director of the Board (MH)
13.	Helen Crimlisk	Deputy Medical Director (HC)
14.	Clive Clarke	Deputy Chief Executive, Executive Director of the Board (CC)
15.	Phillip Easthope	Director of Finance, Executive Director of the Board (PE)
16.	Richard Mills	Non-Executive Director of the Board (RM)
17.	Sandie Keene	Non-Executive Director of the Board (SK)

		Lead
1a	**Welcome and Apologies**	
	The Chair welcomed members to the meeting and apologies were noted.	
	Declaration of Interests	
1b	Ms Blake made a declaration in respect of her role at Sheffield City Council.	
	No other declarations of interest were noted.	
2a	**Minutes of the meeting held on Tuesday 24th April 2018**	
	The minutes of the meeting held on 24th April 2018 were agreed as an accurate record.	
	These confirmed WODC minutes will be submitted to the September 2018 Trust Board Meeting.	

2b	**Matters arising and action log**	
	1) Workforce and OD Terms of Reference	
	Action – Ms Saunders to arrange for the WODC Terms of Reference to be amended as described in the April 2018 WODC minutes [matters arising and items (14), (18), (19) and (23a/b], <u>to obtain sign off from EDG and bring back to January WODC when Laura Serrant is in attendance.</u>	MS
	Action – In the meantime Ms Saunders to provide clarification re Executive Director / Director attendance to ensure quoracy at each meeting of Committee. The current draft Terms of Reference state the following -	MS
	The Committee is quorate when at least three members are present including two Non-Executive Directors and one Director.	
	Deputies may attend by exception, but must be fully briefed and will not count towards quorum.	
	On the occasions when the Committee has arranged to meet and the Committee is not quorate, business can be discussed and provisional decisions can be made, but those decisions must be taken back to the next meeting of the Committee for ratification.	
	2) Annual Review of the WODC Work Programme	
	The annual review of the WODC Work Programme will take place prior to the January 2019 meeting of WODC and the new programme presented at the January meeting.	
	Action – The Chair and Mr Wilson to meet prior to the January meeting.	Chair DW
	3) Workforce and OD Strategy KPIs and timeline	
	At a previous meeting of WODC 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' and also to include 'blue' (complete and embedded) as part of the RAG rating.	
	ACTION – Ms Parry to include this on a future iteration of the KPI document (~~October 2018 WODC~~). Deferred to January WODC.	CP
	4) Health and Safety legislation – appropriately trained Managers	
	The Chair was assured that colleagues would take appropriate steps to resolve the issues regarding appropriately trained Managers and asked for them to be dealt with in another forum.	
	POST MEETING NOTE: Health and Safety Training for Directors and Senior Managers is being arranged (Oct 2018 to Feb 2019).	

5) Bullying and Harassment update

30-01-18 - Following the verbal update provided by Mr Wilson on behalf of Ms Parry at January WODC, Mrs Stanley had asked for an update on the various pieces of work to be presented at a future meeting of WODC and Ms Lightbown suggested that bullying and harassment should be included in the Workforce Report.

Action – Ms Parry to provide an update on the <u>bullying and harassment initiatives at the January 2019 meeting of WODC</u> and for Mr Wilson to ensure that data relating to bullying and harassment is included in the Workforce Report <u>for October 2018 meeting of WODC</u>.

CP
DW

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6) Workforce Report – additional subjects

24-04-18 It was agreed that a much briefer, high level report <u>covering a wider breadth of subjects (such as vacancies, funded establishment, disciplinary data, bullying and harassment data, BME indicators)</u> is provided to WODC in future in order to translate the key points.

This will be in addition to the comprehensive workforce report that will continue to be used by HR colleagues in their Trust-wide operational meetings and to assist discussions with managers.

Action – Mr Wilson to ensure that data relating to the above subjects is included in future Workforce Reports submitted to WODC.

DW

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7) Disciplinary data relating to BME Bank Staff

30-01-18 Following discussion at the January 2018 meeting of WODC, relating to the Workforce Race Equality Standards, Ms Johnson had stated 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.

31-07-18 DW confirmed that this work is ongoing. Data is also contained in the Workforce Race Equality Standard Report.

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8) Gender Pay Gap

24-04-18 Mrs Stanley stated that the Trust's first SHSC Gender Pay Gap report was Discussed at February Trust Board prior to being published (8th March 2018). Following a query from Mrs Stanley regarding the optional narrative to accompany the report, Mr Wilson added that the narrative had been discussed at EDG and had been published on the Government website.

Action – An update report on the Trust's Gender Pay Gap is expected to be received by WODC in <u>October 2018</u>.

LJ

9) Staff Health and Wellbeing Strategy

24-04-18 Ms Parry reported that she and Julie Edwards (Chair and vice-Chair of the Staff Health and Wellbeing Group) have developed the Strategy and it is in the final stages of completion. Committee members discussed how best to review the Strategy and agreed to move the July date of WODC to the end of June, however, if this isn't feasible Committee members agreed to receive the Strategy via email in June, and provide comments to Ms Parry and Julie Edwards prior to it being presented at July Board.

The SHSC Staff Health and Wellbeing Strategy was emailed to Workforce and OD Committee members on 14th June. The Strategy was also provided to EDG on 28th June ahead of July Trust Board. EDG advised that an Action Plan should be provided to WODC instead of a report to Trust Board.

POST MEETING NOTE – A verbal update will be provided to <u>October 2018 WODC</u>, followed by <u>an Action Plan to January 2019 WODC.</u>

CP

10) Mandatory Training in Fraud

Following a query from Mrs Stanley, the Chair of Audit Committee, Mr Wilson explained that Fraud isn't on any other Trust's mandatory training remit. Mrs Stanley asked how and when does the Trust review what is mandatory training and what isn't?

Action – Ms Dickinson said she would feed this back to Jennie Wilson, Mandatory Training Lead at the next Education Training Steering Group.

KD

11) "Working Together" initiatives

It was agreed that an Executive Summary should be received by WODC every 6 months, and to include updates on the various work-streams related to each of the Working Together Groups. It was agreed that a comprehensive report would go to EDG periodically.

Action – Mr Wilson to provide a verbal Executive Summary for the October meeting of WODC.

DW

12) Audit Reports

Following discussion it was re-iterated that WODC would only receive copies of NEW audit reports for information. Committee members are not responsible for actions being completed or not.

POST MEETING NOTE – The Finance Director requires the Workforce and OD Committee to receive assurance from HR Senior Management Group that actions and recommendations have been completed.

<u>This will be added to WODC agendas from October 2018.</u>

13) Improving Attendance Report

Actions outstanding from January / April 2018 WODC

Mr Mills had previously 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 former Chair had asked if the next report to Committee could also 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.

POST MEETING NOTE - Action – Mrs Rutledge to consider these two additions for the next report which will now only be provided annually to Trust Board (not WODC). Next report due to Trust Board July 2019. EDG to receive it first as a pre-Board paper.

SRu

Ms Lightbown said that she would like to know the reasons behind the high levels of sickness absence in the 8 hotspot 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 Bfwd – Mrs Rutledge to provide Ms Lightbown with data relating to nurses in the 8 hot spot areas.

SRu

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3   Presentation – Workforce Diversity and Inclusion

Mr Wilson provided Committee with a presentation in the absence of Ms Johnson and the following highlights were noted –

- Funding is available from the Trust for the Build Modify Expand Project (formerly Innov8). Manreesh Bains is the Trust lead.
- There is a higher than average proportion of Bank staff from a BME background who are involved in disciplinaries and suspensions. Need to understand the reasons why. There are different issues associated with the ones that result in 'no case to answer' than the ones that do have a case. CP and LJ are looking into this, what the impact is on this staff group and how the data compares with non-BME staff on Bank.
- Mr Wilson is part of the Ready Now Programme and will be attending a programme in January, February and March 2019.
- Also networking event, Trusts, Council, national seminar on reverse mentoring.
- WRES targets are set by EDG. EDG decision whether to include a target excluding Bank staff.
- In contact with MerseyCare. Further work on Problem Resolution Framework. MerseyCare have reduced their suspensions and disciplinary investigations. They presented at Northern Partnership recently. Liz Johnson, Caroline Parry and Staff Side to visit MerseyCare.
- Metric five (harassment experienced by staff from service users or the public) is an area of concern that the Trust will address.
- Ms Blake asked how the Trust will link in with the hate crime initiatives in the City. Ms Johnson to include this in her review.
- CP met with SWYFT recently. Plan to work with them on a number of topics.

- Following a query from BR re how the Trust obtain input from BME staff other than surveys, DW replied - through the delivery of work plans via the BME Operational Group and BME Staff Network Group (almost 100% BME membership on this group).
- There are a number of ways line managers can support staff (not just BME staff). Coaching, peer support, performance reviews and the Essential Skills for Managers Programme which HR staff are working with Jennie Wilson regarding the content. The Chair suggested that the BME Staff Network Group should be involved in discussions re content.
- 'Educating managers' is part of the work being undertaken with SWYFT.

4   Black History Month – October 2018

The Trust has signed up to be an Associate Partner at the Conference on 17th October 2018 in Leeds, being facilitated by RCN.

5   Workforce Race Equality Standard Report (WRES)

The Workforce Race Equality Standard (WRES) is a national standard.
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 since15/16.
The WRES consists of nine metrics. SHSC Trust Board agreed Trust level WRES targets in July 2016. Targets are intended to be achieved or maintained by 2021. WODC members were provided with the report which is based on the Trust's annual performance against the nine WRES metrics and progress against local targets, covering the period July 2017 to July 2018, however metric data is based on dates specified in relation to each metric.

The WRES requires Trusts to submit data through a standard spreadsheet by the 10th of August 2018 and publish a summary of the data and an action plan to address deficits by 28th September 2018.

Generally progress remains good, in particular targets for Band 6 and 7 BME staff, which should then allow for movement into Bands 8-9. Data for metric one is based on the position as of the 31st of March 2018 and we are aware that there have been additional senior appointments of BME staff since this date – this progress will be reflected in the half year report to WODC in January 2019.

The work that the Trust is supporting associated with the Build Modify Expand Project (previously Innov8) continues to deliver its objectives with funding agreed till the end of the 2018/19 financial year with a view to moving to 'business as usual' from April 2019.

The percentage of staff from white and BME groups subject to disciplinary action remains a concern (metric 3) although a reduction has been shown on the half year reported in January 2018 where there had been an increased from 1.55 to 2.55 for the full year this has reduced to **1.65**. WRES reports are published nationally the last available report was published in December 2017. To provide context to the Trust metric 3 figure the national report indicates that there is a national average of 1.37, a north average of 1.27 and a mental health trust average of 1.73.

The other area of concern is metric 5; this is taken from the NHS staff survey and focuses on harassment experienced by staff from service users or the public. The Trust performance in this metric has deteriorated further and is worse than the average for mental health trusts. The table below shows the trend on this metric since introduction of the WRES in 2015.

Some action has been taken through the Trust BME staff network group but additional work on this is still required. A meeting is planned for the end of July this year to discuss working in partnership with another mental health Trust on this and an early review of the Trust Zero Tolerance of Harassment Policy is also proposed.

It is proposed that current actions in relation to metrics three and five is reviewed the proposed action plan report will include details.

Next steps
- Trust WRES data will be submitted by the 10th of August as required.
- A summary report will be produced based on a template provided by WRES.
- An updated action plan will be produced to be published with the summary report.

Committee members approved the report for presentation at September Trust Board, although further reassurance is required regarding the gaps highlighted by the report.

Action – Ms Johnson to submit the report for September Trust Board and provide WODC members with reassurance regarding the gaps / actions highlighted. LJ

6 Workforce and OD Strategy Delivery Plan – 6 monthly update

Ms Parry presented this paper and the following was noted –

- Learning from Change Event took place in May 2018. Very emotive. Feedback will be fed into the Organisational Change Policy and tools. Frontline staff that couldn't attend were invited to other focus groups but these were not well attended.
- The Workforce Planning Group held a productive joint session with SWYFT in May 2018 to share best practice.
- Key themes – skills mix, new roles, structure. It will be a challenge to introduce these to teams.
- A Trust workforce planning workshop was held on 13th June 2018 with senior leads from across the Trust to develop the framework.
- Further meetings with key leads and clinical networks will take place.
- Discussed broadening the rolling advert for Band 5 nurses to include other difficult to recruit roles.
- The People Plans have been refreshed as Workforce Plans.
- Central process to manage high level leadership management but no funding stream. Linked to identified workforce priorities.
- The Health and Wellbeing Strategy is complete. Now working on an action plan for January 2019 WODC.
- The next Promoting Attendance Conference in 2019 will have a new focus which will cover staff health and wellbeing.
- Preparations are well underway to receive the new Occupational Health Provider – PAM Group.
- There are a number of links within the ACP remit. Local HR Directors are taking forward four work-streams. Need to ensure all Working Together groups are coordinating with each other.

7   Workforce Report Highlights as at 30th June 2018

Sickness Absence Rate for Quarter 1 is 5.34% this is a decrease of 0.90% on the previous quarter. Extreme caution should be applied at this stage due to incomplete reporting procedures. Noted that it is the first time all of the indicators are coded green.

Turnover Rate for the 12 months ending 30 June 2018 is 11.31%.
This is below the Trust's target staff turnover rate of 13%.

Staff Headcount. As at 30 June 2018 FTE is 2067.98.
The overall staff headcount trend continues to show a downward trajectory as services reconfigurations take place.

Personal Development Review (PDR) compliance, as at 30 June 2018, is 99%.
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 and 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.

Employment Tribunals

There are currently two live employment tribunals ongoing.

One is part way through being heard and the other won't continue until next year.

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8   NHS Staff Survey Results 2017 update

The purpose of this paper is to provide an overview of the key outcomes of the 2017 Staff Survey and update on progress to date.

The Staff Survey is undertaken for the Trust by Quality Health. The report includes benchmarking comparisons with the 13 other mental health and learning disability organisations that contract with Quality Health to undertake the Staff Survey. A detailed report was provided by Quality Health in early February, highlighting the top and bottom five Key Findings**.**

The bottom five least favourable areas compared to other mental health / learning disability trusts in England in the national report for SHSC were:

KF28.	Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month.
KF25.	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
KF4.	Staff motivation at work.
KF32.	Effective use of patient / service user feedback.
KF3.	Percentage of staff agreeing that their role makes a difference to patients / service users.

Progress to date
- A report on the Quality Health Staff Survey results was presented to Board on 14th March 2018.

- The Quality Health Report results were then shared and discussed with senior managers at the Trust Management Group (TMG). This report focused on the top most and least favourable Key Findings in the Quality Health report.

- The narrative comments report was reviewed which highlighted areas of concern.

- A service area report was completed to highlight service area responses to the five least favourable Key Findings in the Quality Health report, to support local action.

- Discussion has taken place regarding an organisational response with a view to having a more systemic approach to driving improvement rather than focusing on annual action planning. Examples of action that supports this approach include the Learning from Change event; the Microsystems Programme and the Trust Leadership Engagement Network.

- The Trust currently has a number of initiatives already in place or planned that may support improvement in the areas identified, and an exercise is being undertaken to highlight what these are, their scope and any gaps.

- Consideration is being given to the use of the structured staff engagement model Listening into Action.

Committee members commended the number of initiatives taking place to address the areas of concern highlighted by the results.

Noted that the next NHS Staff Survey will be sent out in Autumn 2018.

9   Nurse Recruitment and Retention update

CP reported that she is working with Brenda Rhule, Deputy Chief Nurse in order to address the high number of nurse vacancies and shortage of applicants. A number of initiatives are in place and the following was noted.
- Rolling Band 5 advert for Nurses is in place.
- Need to work on attracting the right applicants, Trust branding, what the Trust can offer and engagement with schools and other external promotion.
- Working with Communications Team.
- The links between students and available roles is now much improved.
- New roles have been developed. Important to interview students before they undertake their placement in order to explore other avenues available to them.

10   Supervision update

Christopher Wood attended the meeting for this item and the following was noted.

The Trust received a "Should do" action relating to supervision following a CQC inspection in November 2016 and the Trust was asked to:

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

The Supervision Reference Group has the responsibility to ensure that the CQC inspections action is progressed.

The development of an electronic system to record and monitor the completion of supervision.

The Supervision Policy was reviewed and amended in October 2017 to reflect the developments of the electronic systems which records

- Line/Operational Management Supervision

- Clinical/Practice Supervision

- Professional Supervision

The Supervision Policy will reflect the local and national standards recommendations regarding the frequency and quality of supervision, which can be locally set.

The e-form for supervision has high usage since it was launched in April 2018 within the five clinical areas. Dovedale Ward, Burbage Ward, Maple Ward. Forest Close and Substance Misuse.

The e-form requires further development, as gaps and limitations to the form have been identified. The IMST are currently scoping out expected timescales.

Need to revisit the policy and await approval by the Policy Governance Group. Need to mention - duration, quality and other types of Supervision – wards / groups / 121s etc and how it links with PDRs. Noted that Supervision means different things to different staff groups.

Committee members recognised the positive steps being taken in respect of Supervision.

11 a. Organisation Development Review

Ms Parry presented this item and the following was noted.

- The Director of OD role was replaced about 3 years ago with a Band 7, 3 days.
- The Band 7 postholder leaves at the end of September 2018.
- Excellent work on mentoring and coaching needs to continue.
- An options paper is being developed re next steps and requirements.
- Budgetary constraints – partly funded by HR and partly funded by Medical Dir.

b. Strategic Training update [core training that isn't mandatory]

Ms Dickinson presented this item and the following was noted.

- The Learning Needs Analysis (LNA) has been embedded, to capture the range of training available at team and organisation level. This informs the Trust's Training Delivery Plan.
- Recognise the challenge for clinical areas to release staff.
- Resource challenges also – bids are submitted for funding.
- There is now an e-Form to request Study Leave.
- Working in partnership with other Trusts on the Workforce Transformation agenda.

- The 'Essentials for Managers' training proposal is out for consultation. The Chair said it would be good to cross reference this with the recruitment and retention work.
- BR said that the Study Leave requests could link in with the WRES data.
- AS asked if sub-Committees needed to contribute to the Workforce Transformation work and the Chair asked for a 6 monthly report each January and July.

Action – Ms Parry and Ms Dickinson to provide a 6 monthly update on Workforce Transformation at WODC each January and July.

CP
KD

12	**360 Assurance Audit Reports**

ITEM DEFERRED.

13	Committee is asked to:

Review the Corporate Risk Register and:
- record and minute any assurance that has been provided (or not) during the meeting regarding the relevant risk;
- provide the Director of Corporate Governance (Board Secretary) with any updates that are required to the risks following the Committee.

a. Corporate Risk Register

Committee members reviewed Risk No. 3831 – Levels of Registered Nurse vacancies may adversely affect the quality and continuity of care provided in the acute wards.

It was noted that the 'Controls in Place' should reflect what is happening. There should be no more than 6 controls. The key item to update on the CRR is the actions to address the gaps and ensure linkage with the BAF.

b. Board Assurance Framework

Committee members reviewed Risk No.s A102 to A104.
Discussion took place regarding consistency and the need to double-check the controls and the RAG rating.

POST MEETING NOTE – HR Senior Management Team now meet regularly to update the CRR and BAF.

14	**New Agenda for Change National Framework**

Committee members received the latest Agenda for Change National Framework and noted for information.

15 Any Other Business

No further business was reported.

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16 Evaluation of Meeting / Chair's Significant Issues Report

The Chair provided an evaluation of the meeting in order to inform the Significant Issues Report for September 2018 Trust Board:

Date of next meeting: Tuesday 30th October 2018
1.00pm – 3.30pm, Committee Room 1, Fulwood House
Apologies to: Helen Walsh, PA to Director of Human Resources,
helen.walsh@shsc.nhs.uk, Tel 0114 22 63960