

**TRUST BOARD OF DIRECTORS**

**Meeting Date: 8<sup>th</sup> May 2019**

**BOARD ITEM  
No. 15e**

<b>TITLE OF PAPER</b>	Workforce and OD Committee – Summary Report to the Trust Board of Directors in respect of Significant Issues
<b>TO BE PRESENTED BY</b>	Prof. Laura Serrant, Chair – Workforce and OD Committee, Non-Executive Director
<b>ACTION REQUIRED</b>	For assurance

<b>OUTCOME</b>	To report items of significance discussed at the Workforce and OD Committee meeting held on: <b><u>30<sup>th</sup> April 2019</u></b>
<b>TIMETABLE FOR DECISION</b>	None required
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	Minutes of the Committee
<b>STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER &amp; DESCRIPTION</b>	Strategic Aim: People Strategic Objective: ALL BAF Risk Number: ALL BAF Risk Description: ALL
<b>LINKS TO NHS CONSTITUTION &amp; OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC</b>	<ul style="list-style-type: none"> <li>Trust Board Assurance Framework</li> <li>NHS Audit Framework</li> </ul>
<b>IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT</b>	Timely reporting to the Trust Board of Directors
<b>CONSIDERATION OF LEGAL ISSUES</b>	None required.

<b>Author of Report</b>	Prof. Laura Serrant
<b>Designation</b>	Chair of WODC, Non-Executive Director
<b>Date of Report</b>	1 <sup>st</sup> May 2019

## 1. Purpose

To report in a timely manner, items of particular significance discussed at the Workforce and OD Committee meeting held on 30<sup>th</sup> April 2019.

## 2. Significant Issues of Interest to Trust Board

Trust Board members will receive the minutes of the Workforce and OD Committee meeting held on 30<sup>th</sup> April 2019 in due course, however, the Chair of the Committee, by means of this report, wishes to notify Trust Board Members of the following significant issues.

- a) It was confirmed that the next meeting of Committee will revert back to the original date of Wednesday 24<sup>th</sup> July 2019. Cllr Olivia Blake to Chair on behalf of Prof. Laura Serrant.
- b) Committee reviewed the report in relation to subjects related to Equality, Diversity and Inclusion and noted that there are two Trust Equality Objectives that are not in line with current timescales.
- c) Permanent funding has been agreed for the Trust's Equality and Diversity Lead, 1 day per week, until July 2019, as a secondment opportunity.
- d) Noted that methods of communication with staff will be reviewed.
- e) To review the Trust's stand point on reverse mentoring in order to issue a position statement.
- f) A review of staff health and safety training is underway. Explicitly linked to job descriptions and roles. Noted that PDR discussions should include individual's health and safety responsibilities related to their job role.
- g) The Trust's first Health and Wellbeing Conference is taking place on Tuesday 18<sup>th</sup> June 2019 at the Crowne Plaza Hotel, Sheffield.
- h) The Education, Training and Development report was well received and Committee welcomed the new format of the report. Highlights from which will be received by Committee, on certain topics, at future meetings as and when required.
- i) It was noted that the membership of the PDR Implementation Group will be reviewed to better represent the wider Trust and staff groups therein.
- j) It was noted that reports received by Committee should reference all staff groups in the Trust, in order to reflect the Committee's obligation to represent all staff, not only clinical staff.
- k) Committee received the latest Workforce and OD Strategy Delivery Plan and KPIs. It was noted that the large number of KPIs listed require review and clarity was requested on the RAG ratings applied to each KPI.
- l) Board Assurance Framework for 2018-19 now closed. Now working to the new strategic objectives for 2019-20. Referring back to the Trust Board Risk A203 to consider the wording and clarity regarding what the risk is in relation to.
- m) There has been a positive response to the Listening into Action Pulse-check. A wide range of actions have been received from staff and many have already been implemented as a result.
- n) Meetings continue to take place with Staff Side and Commissioners in relation to the collective dispute regarding CMHTs.
- o) Clive Clarke will join Dean Wilson and Caroline Parry and attend the Joint Consultative Forum (JCF) meetings going forward. JCF is a forum where Management Side and Staff Side (Unions) meet, every two months.
- p) There is a need for a regulatory dashboard for workforce, which will be referred to the Executive Directors' Group to consider, alongside workforce and HR issues, and EDG to highlight back to this Committee anything of note, as and when required.

## 3. Contact Details

For further information, please contact:

Prof. Laura Serrant, Chair – Workforce and OD Committee and Non-Executive Director  
[laura.serrant@shsc.nhs.uk](mailto:laura.serrant@shsc.nhs.uk), [l.serrant@mmu.ac.uk](mailto:l.serrant@mmu.ac.uk).

*Attached:* Approved minutes of the Committee dated **31<sup>st</sup> January 2019**.

# Workforce & Organisation Development Committee

Minutes of Sheffield Health & Social Care NHS Foundation Trust's Workforce and Organisation Development Committee - held on Thursday 31<sup>st</sup> January 2019, Fulwood House, Sheffield, S10 3TH.

**Present:**

- |                      |   |
|----------------------|---|
| 1. Laura Serrant     | WODC Chair and Non-Executive Director of the Board (LS)                                   |
| 2. Olivia Blake      | Non-Exec Director of the Board (OB)   |
| 3. Ann Stanley       | Non-Executive Director of the Board (AS)  |
| 4. Margaret Saunders | Director of Corporate Governance, Board Secretary (MS) (part)                             |
| 5. Liz Lightbown     | Director of Nursing, Profession & Care Standards and Executive Director of the Board (LL) |

**In Attendance:**

- |                      |  |
|----------------------|--|
| 6. Brenda Rhule      | Deputy Chief Nurse (BR)                                  |
| 7. Caroline Parry    | Deputy Director of Human Resources (CP)                  |
| 8. Liz Johnson       | Head of Equality and Inclusion, Bank and eRostering (LJ) |
| 9. Samantha Stoddart | Deputy Board Secretary (SS) for item 6                   |
| 10. Helen Walsh      | PA to Director of Human Resources (notes) (HW)           |

**Apologies received:**

- |                     |   |
|---------------------|---|
| 11. Dean Wilson     | Director of Human Resources, Associate Director of the Board (DW) |
| 12. Karen Dickinson | Head of Education, Training and Development (KD)                  |

	Lead
<p><b>1a Welcome and Apologies</b></p> <p>The Chair, Prof. Laura Serrant welcomed members to the meeting and apologies were noted.</p> <p><b>1b Declaration of Interests</b></p> <p>Cllr Blake made a declaration in respect of her role at Sheffield City Council.</p> <p>No other declarations of interest were noted.</p>	
<p><b>2a Minutes of the meeting held on Tuesday 30<sup>th</sup> October 2018</b></p> <p>The minutes of the meeting held on 30<sup>th</sup> October 2018 were agreed as an accurate record, subject to the addition of the Workforce and OD Strategy Delivery Plan update being received by Committee at each meeting, via EDG.</p> <p><b>POST MEETING NOTE – 30<sup>th</sup> October 2018 minutes now amended at page 3.</b></p> <p>These confirmed WODC minutes, dated 30<sup>th</sup> October 2018, will be submitted to the February 2019 Trust Board Meeting along with the significant issues report from today's meeting.</p>	

<p><b>2b Matters arising and action log</b></p> <p><b>a) Reports to be received by Committee</b></p> <p>Following discussion it was agreed that no operational groups directly report into WODC. Reports are to be received by Committee via the Executive Directors' Group.</p> <p><u>A separate meeting will be convened to discuss which reports (from each of the strategic areas outlined in the new terms of reference) should be received by WODC, and when (attendees should be – LS, AS, OB, MS, DW).</u></p> <p><b>POST MEETING NOTE – the separate meeting took place on 29<sup>th</sup> March 2019 (attendees were Laura Serrant, Ann Stanley, Margaret Saunders, Clive Clarke, Sarah Bawden (HR Business Partner on behalf of Dean Wilson) and Helen Walsh.</b></p> <p><u>Discussion points</u></p> <ul style="list-style-type: none"> <li>• WODC Terms of Reference to be amended</li> <li>• Agreed which reports should be received by WODC (from the list provided)</li> <li>• Annual Planner to be populated and further developed in due course</li> <li>• WODC Annual Report to be compiled using current terms of reference</li> <li>• Agenda planning for next meeting 30-04-19</li> <li>• Agreed amendments to the HR Dashboard for the Board Performance Report</li> </ul>	
<p><b>b) Workforce and OD Strategy Delivery Plan and KPIs</b></p> <p>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.</p> <p><b>ACTION Bfwd – Ms Parry to include this on a future iteration of the KPI document.</b></p> <p><b>31-01-19 It was noted that a quarterly update of the Workforce and OD Strategy and Delivery Plan would be received by Committee at each meeting, via EDG.</b></p> <p><b>POST MEETING NOTE – A complete refresh of the Workforce and OD Strategy and Delivery Plan will be provided to Committee in July 2019, via EDG.</b></p>	<p>CP</p> <p>CP</p> <p>CP</p>
<p><b>c) Bullying and Harassment update</b></p> <p><i>30-01-18 - Following the verbal update provided by Mr Wilson on behalf of Ms Parry at January 2017 WODC, Ms 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.</i></p> <p><b>Action Bfwd – Ms Parry to provide an update on the bullying and harassment initiatives at a future meeting of WODC (via EDG).</b></p> <p><b>POST MEETING NOTE – scheduled for WODC in July 2019, via EDG.</b></p>	<p>CP</p>

### 3 Workforce and OD Committee Terms of Reference

Prof. Laura Serrant, Dean Wilson, Ann Stanley, Margaret Saunders and Olivia Blake met on Friday 4<sup>th</sup> January 2019 to discuss the WODC Terms of Reference.

Ms Saunders provided an amended version of the WODC Terms of Reference to Committee. Noted that the latest draft adequately reflects the discussion subject to alignment with governance structures and a number of further amendments, and as follows -

- Section 1 – Purpose of Committee. To make explicit the purpose of Committee. Amend the sentence that ends.....*'appropriate governance structures, processes and controls are in place throughout the Trust'* ADD 'in respect of the workforce'.

Reword the second paragraph – e.g. *The Committee has primary responsibility for ~~monitoring all~~ ADD seeking assurance about aspects of strategic and operational workforce and organisational development relating to the provision of care and services ADD staff in support of getting the best outcomes and experience for patients and staff.*

*Remove the third paragraph that starts ...'The Committee shall.....'*

Need to accentuate the strategic alignment of the Terms of Reference with strategic areas – e.g. ADD 'Committee provides assurance to the Trust Board that Committee have monitored aspects of delivery against the following strategic areas....'

(i) Nursing

(ii) Recruitment and Retention

(iii) Staff Health & Wellbeing [Safety now added]

(iv) Equality, Diversity and Inclusion

(v) Organisation Development

(vi) Partnership and Citizenship.

- Section 2 – Scope. Remove the sentence that reads – *Assure the Board that the Trust has in place effective methods of communication with all staff groups.* Remove any other references to Communications.
- Section 3 – Authority / Accountability. Remove the sentence that reads – *The Committee is authorised to establish and delegate powers to sub-committee(s) and work groups. The Committee will oversee the work of these sub-committee(s) and work groups.*
- Sections 5 and 8 - Membership and Quorum.  
It was agreed that these sections now align with other Trust sub-committees' Terms of Reference. It was confirmed that the Director of OD (new post) has been added to the membership. Meetings of Committee are quorate when at least three members are present including two Non-Executive Directors and one Executive Director. Deputies may attend but do not count towards quorum. It was noted that the only Executive Director on the membership is the Director of Nursing, Professions and Care Standards – therefore if the Executive Director is not able to attend a meeting of Committee, arrangements must be made for an alternative Executive Director to attend.

- Section 6 – Attendees.

*Meetings of the Committee shall normally be attended by – Deputy Director of Human Resources, ADDED Head of Education, Training and Development, ADD Head of Equality and Inclusion, Committee Administrator.*

- Section 10 – Reporting Groups Reporting.

Amend the title of this section to read ‘Reporting’ instead of ‘Reporting Groups’.

Remove the wording ‘*The following sub-committees shall report to the Committee*’ and also remove ‘*The following operational groups will provide reports to the Committee*’ and replace with ‘The Committee shall receive reports, via the Executive Directors’ Group, in relation to the following strategic areas...’ (AS PER THE SAME LIST AT SECTION 1 ABOVE)

It was noted that the BME Steering Group and BME Operational Group no longer meet. However the pieces of work attributed to these groups continues under the remit of the Head of Equality and Inclusion. Reports provided to Committee will be submitted directly via the Head of Equality and Inclusion (namely the Workforce and Race Equality Standard [WRES] and the Annual Equality and Human Rights Report).

- It was noted that Minutes from other groups will not be received by Committee.

- Discussion took place regarding the new sub headings for Committee Agendas.

There might not always be something to report under each of these headings at every meeting, if this is the case the heading in question will remain, with the words underneath - ‘No reports this quarter’.

(a) Equality and Diversity

(b) Staff Health and Wellbeing,

(c) Education, Learning and Development,

(d) Corporate Social Responsibility and External Partnerships,

(e) Workforce and Organisation Development [including BAF, CRR and Audit Reports] – it was agreed that this section should appear at the end of agendas, before the section ‘For Information’,

(f) For Information,

(g) Any other Business,

(h) Evaluation / Forward Planner (Work Programme).

**ACTION – Ms Saunders to amend the Terms of Reference, circulate via email to Committee members for approval, and provide to Trust Board.**

MS

**POST MEETING NOTE – in addition to the amendments above, the terms of reference were further amended at the meeting held on 29<sup>th</sup> March 2019, then finalised by Committee members via email and received by Trust Board in April 2019.**

#### **4 Progress report re Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Gender Pay Gap Reporting**

The Trust completed its 2018 submission and updated its action plan.

The Trust’s Action Plan supports the targets that the Trust identified in 2016 (to be achieved by 2021).

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Areas of progress:

- The Trust **BME Staff Network Group** continues to develop and now has around 50 members. The group has active areas of work it is focusing on in particular delivery of the annual **Working Together Conference**. The conference took place for the third time in early December 2018, initial evaluation has been positive. The conference was attended by a diverse group of staff from the Trust and guests from SCH, STH, the CCG and SCC. In September 2018 the group also initiated and hosted the first networking event for Health and Social Care BME network groups in the city.
- Work has also progressed on responding to **Metric 5, BME staff experiencing harassment from Service Users**, the score for BME staff on this Staff Survey metric has been consistently poor over the last few years. An action plan has been agreed and shared with the Trust network group; in addition work is now developing in partnership with four other mental health Trusts and one commissioner, this group will be sharing good practice and hopefully working collaboratively on responding to this issue.
- Two SHSC staff have been successful in obtaining places on national programmes for BME staff leadership development, one on the Ready Now programme and one on the Stepping Up programme. These are highly competitive so this is a significant achievement for these staff.
- Areas where there is slow progress are the introduction of a **Problem Resolution Framework** and full implementation of the involvement of **BME staff in recruitment panels** as 'business as usual'.
- A proposal is going to be submitted to BPG to make permanent the resource that supports a lead role of 7.5 hours a week 8a and funding of the Working Together Conference annually. This has had verbal support from the Trust CEO and deputy CEO.

### **National Developments Relevant to WRES**

In December 2018 a new strategy was launched by NHS Improvement and NHS England, NHS organisation will be required to set a target for BME representation across its leadership team and workforce for the next three years. This initiative is part of developments under the WRES programme. The NHS Workforce Equality Strategy was published this month at the same time as the latest WRES 2018 national report. Currently the WRES does not require targets to be set so this is a new development nationally however SHSC did identify Trust targets in 2016 to be achieved by 2021. In light of the publication of the NHS England /NHSI Strategy Trust targets will be reviewed to ensure that they have been set in line with this new strategy. A review will be completed to report in the first quarter of 2019/20.

A Government consultation has also taken place on the introduction of a requirement for organisations to undertake **Ethnicity Pay Gap Analysis**. Part of the consultation relates to the methodology that would be used however this is a potentially complex area.

Updates will be provided after publication of the consultation response.

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### **The Workforce Disability Equality Standard (WDES)**

The Workforce Disability Equality Standard (WDES) is being introduced from April 2019 and will be similar to the established Workforce Race Equality Standard with a set of specific metrics and a requirement to compare the experiences of disabled and non-disabled staff and development of local action plans.

There has been significant consultation on the proposed standards and the Trust was one of 17 Trusts that took part in piloting of the metrics in 2018. Although it has been reported that the metrics are now agreed, publication of the final metrics and related guidance is still awaited. In the interim the Trust has:

- Developed a specific Disabled staff Policy
- Started discussions with Disability Sheffield on an assessment to develop a plan for the Trust to be accredited as a Disability Confident Leader organisation
- Proposed that the areas of work currently being undertaken in relation to WRES such as the Board mentoring programme and annual conference are extended to encompass the WDES and funded through the BPG proposal discussed above in relation to WRES.

### **Gender Pay Gap Reporting**

The gender pay gap report for 2018 has been completed and reviewed by WODC and EDG. It was agreed that the report would be published in March 2019. Work is ongoing with the main activity being in relation to improving the Bonus Pay Gap which is associated with the Clinical Excellence Awards for Consultants.

Further review will take place in April 2019 when two years of data will be available nationally to allow for some comparisons with similar NHS organisations.

The Gender Pay Gap report will go to Trust Board in February 2019 (via EDG) prior to publication on 8<sup>th</sup> March 2019.

**ACTION – It was noted that Ms Johnson is reviewing the NHS Workforce Equality Standard for the Trust. Added to annual planner for July 2019.**

LJ

Following a query from Ms Stanley, a brief discussion took place regarding being slightly behind on Trust targets. Ms Johnson explained the potential reasons for this and stated that a review of the Trust's targets is due.

**ACTION – Ms Johnson to arrange a review of the Trust's targets. Added to annual planner for July 2019.**

LJ

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## **5 360 Assurance Audit Reports**

Committee received, for information, the Workforce Utilisation Audit Report – final agreed draft providing significant assurance (via EDG).

To note – Audit reports to be received by WODC for information, following approval by the Executive Directors' Group.

A brief discussion took place in relation to the number of meeting groups that 360 Assurance found to have incomplete terms of reference and unclear reporting arrangements. It was noted that this is part of a wider piece of work being undertaken by the Director of Corporate Governance, to condense the number of meeting groups and determine clear reporting arrangements for each.

## 6 Risks assigned to the Workforce

Mrs Stoddart presented this item and the following was noted.

### a. Corporate Risk Register

Same two risks as last time (3831 nurse vacancies & 4021 consultant cover) and no change to the residual risk rating. They have been updated and there are new controls and actions. One new risk was added in October 2018 (4078 reduction in staff engagement and motivation).

Ms Stanley stated that Trust Board would like to be better assured that these risks are being addressed.

Further discussion determined that the risks regarding the nurse vacancies and consultant cover are national issues so positive movement on these can only be described in the Trust's own actions and controls taken to mitigate the risks. However, Mrs Stoddart said she would obtain a further update on the one relating to consultant cover, ahead of February Trust Board if possible.

### b. Board Assurance Framework

Ms Stanley thanked Mrs Stoddart for streamlining the Board Assurance Framework. It is a significant improvement, the framework is much more concise and it is clearer what to focus on.

Same four risks as last time A102, A202, A203 and A204. An assurance mechanism has been added – 2.4 We will prioritise the health and wellbeing of our employees. There has been some revision to the risk descriptions. Noted that the RAG rating relates to an overall view of the gaps in control.

It was noted that three out of the four assurance ratings have decreased.

Further to a query regarding the actions for each risk, Mrs Stoddart added that Internal Audit requested that action progress should state a rationale for extending target dates. Target owners will be asked to add rationale to the report next time.

Ms Blake queried the lack of text in the Gaps in Assurance boxes. Ms Stanley said that she had challenged Internal Audit who responded that we may add Negative Assurance and Gaps in Assurance as required.

## 7 Potential implications for SHSC workforce re the UK leaving the EU

To provide a review and proposed action in relation to new requirements from 30th March 2019 for EU/EEA citizens resident currently in the UK and those entering the UK after the 29th of March 2019.

The implications associated with the provision of health services under a 'no deal' exit; have been addressed to EDG through a separate paper. This paper deals only with the specific issues associated with the workforce and that can be responded to currently based on provisions already agreed and put in place for EU citizens living in the UK.

At the time of writing the report, when the UK leaves the European Union all EU citizens and their families in the UK, regardless of when they arrived, will need to obtain an immigration status in UK law.

Also at the time of writing the report, the EU Settlement Scheme launched in early 2019, and EU nationals are able to register (at a cost of £65 each) for settled status if they have been here for five years, or pre-settled status if they have been here for less than five years. To test the system prior to wider launch, the Home Office opened the scheme up to health and care staff for a period of three weeks initially, this ended on the 21<sup>st</sup> December 2018. The Trust did not take part in this pilot.

The data review indicates that there are currently 53 staff with EU/EEA nationality employed by the Trust, of these 53, 15 are Irish and are not affected by these changes. **British 2224, EEA 1, EU 53, Non EU 123, Not Known 442 = Total 2843**

This indicates that at least 39 staff are affected by this change. There are no specific areas where EU/EEA staff predominantly work and in terms of staff groups the staff group most affected is the Additional Clinical Services group which includes 13 Support Workers (3 from Bank) and 6 IAPT or Psychology Staff. However the analysis does not make any assumptions about the relative difficulty of recruiting to particular areas so numbers in themselves may not be a good indicator of apparent impact.

It was noted that since compiling the report, the cost of applying for the EU Settlement Scheme has been revoked by Government.

It was also noted that, although there remains uncertainty surrounding the UK leaving the EU, this exercise has given the Trust the opportunity to gather informative data regarding the nationality of it's workforce and Committee noted the relatively low risk overall for the Trust, at this time.

## **8 Progress report on Staff Survey actions 2017 and update on 2018 Staff Survey**

The 2018 Staff Survey has taken place and the interim data is available from Quality Health. 36.3% of all Trust staff completed the survey, this response rate was low against the average for mental health learning disability trusts of 56.1%.

Progress is being made against the action areas agreed in response to the results in the 2017 survey. To note in particular a decision has been made to use the Listening into Action model. A meeting to start this work is due to take place later in January 2019.

Overall it appears that there have not been any significant improvements against the 2017 results and against the Quality Health comparator group.

It was noted that there are nine new questions that appeared in the 2018 staff survey these are now found in the theme Morale. Significant changes are being made to how the outputs of the staff survey are reported from 2019 onwards. A key change is that rather than reporting 'Key Findings' reports will now be reported against 10 themes on a scale of 1-10. Benchmarking with other Trusts will be made against these themes.

The themes are:

- |                                    |  |
|------------------------------------|--|
| 1. Equality, diversity & inclusion | 2. Health & wellbeing                        |
| 3. Immediate managers              | 4. Morale                                    |
| 5. Quality of appraisals           | 6. Quality of care                           |
| 7. Safety culture                  | 8. Staff engagement                          |
| 9. Safe environment – violence     | 10. Safe environment – bullying & harassment |

The Deputy Chief Executive has requested that the report is discussed at the EDG Development Session on 11th February 2019 following the proposed publication date of the draft benchmark report on 8<sup>th</sup> February 2019.

Ms Stanley reported that she met with Ms Blake and Mr Mills to discuss the Trust's whistleblowing policy and the apparent lack of a follow-up process with individuals when they raise concerns. It was noted that the Listening into Action initiative should address this area. It is thought that the LiA Pulse-check should also be able to provide data at team level.

## 9 Staff Health and Wellbeing Action Plan

The new NHS staff Health and Wellbeing Framework, launched in summer 2018, sets out the support that all NHS organisations should provide to their staff in order to promote health and wellbeing. The framework describes the key organisational enablers and health interventions that should be put in place to tackle the most common causes of poor health and wellbeing in the NHS workplace. The framework acts as a common standard of best practice and a minimum expectation for NHS organisations. The framework has been used to support the development of the health and wellbeing action plan. This has included a self-assessment to help understand current staff health and wellbeing support at SHSC. The diagnostic framework questionnaire was issued to a sample of staff involved in health and wellbeing, and the feedback used to identify priority areas of action. This, along with Trust health and wellbeing metrics (staff survey, occupational health, workplace wellbeing, HSE report and workforce performance data), and feedback via the Trust Health and Wellbeing Group, identified gaps and opportunities for improvement and effectiveness.

The aim of the health and wellbeing plan is *'to foster a culture of wellbeing, and improve the working environment, to enable staff to feel engaged, informed and empowered to make choices to support a happy, healthier workforce'*.

Actions are aligned to the following areas of focus:

- Leadership and Management
- Data and Communication
- Healthy Working Environment
- Mental Health
- Musculo-Skeletal
- Healthy Lifestyles

In addition, Ms Parry reported that the terms of reference of the Staff Health and Wellbeing Group are being revised and that the KPIs link with the Staff Survey.

Committee thanked Ms Parry for the action plan and requested that target measures are added in order to evidence and monitor progress.

**ACTION – Ms Parry to add target measures and evidence to the action plan.**

CP

## 10 Education, Learning and Development

No reports this quarter.

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## 11 National NHS Streamlining Programme [review of membership and update on achievements to date]

It is nearly two years since NHS Employers established the National Streamlining Steering Group and National Operational Group to support regional streamlining programmes and national key stakeholders to come together to share, collaborate, influence and avoid duplication of effort. Both groups have made tremendous strides in influencing the national agenda and some of the achievements were summarised –

### **(a) Review membership of National Streamlining Steering & Operational Groups**

The terms of reference and membership for both groups are being reviewed currently. Engagement on both of the national streamlining groups continues in order for us to ensure that barriers are addressed at national level for streamlining to work effectively and influence national policy (Steering Group) and sharing good practice and working together on ad-hoc pieces of work to avoid duplication (operational group).

### **(b) Achievements of the National Streamlining Steering Group**

- Brought together Exec Sponsors with key national stakeholders (NHSi, ESR, HEE etc) to discuss strategic streamlining issues, blockers and barriers
- Influenced DBS to review their services
- Engaged with ESR to discuss strategic direction of ESR in supporting streamlining and the wider workforce agenda.
- Engaged with the Care Quality Commission to influence the understanding of streamlining for CQC Inspectors.
- Support and influence the direction of the Doctors in Training Programme that NHS Improvement have now established.

### **(c) Achievements of the National Streamlining Operational Group**

- Created new streamlining branding for national and regional use.
- Created the Streamlining Resource Hub.
- Developed national resources and a readiness assessment toolkit to support the improvement of rotational experience for doctors in training.
- Developed a mandatory and statutory training (MaST) implementation toolkit.
- Provided resources on streamlining and GDPR, including guidance on individuals objecting to the transfer of data, text for offer letters and privacy notices as well as guidance on the impact of GDPR on e-rostering and collaborative banks.
- Proposed 21 enhancements to ESR so that streamlining can be more effective.
- Set up a Time to Hire Reference Group to review the metrics for time to hire.
- Hosted ad-hoc seminars on calculating efficiency savings with NHS Wales and GDPR with Capsticks.

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## 12 a. Communication regarding the new Chief Nursing Officer, Ruth May

Ruth May is the Chief Nursing Officer for England and an Executive/National Director at NHS England and NHS Improvement. She is also the National Director responsible for infection prevention and control. Ruth was appointed following her roles as Executive Director of Nursing at NHS Improvement, which commenced in April 2016, and Director of Nursing at Monitor, the healthcare sector regulator. Prior to joining Monitor, she was Regional Chief Nurse and Nurse Director for the Midlands and East region in NHS England, where she championed the 'Stop the Pressure' campaign, which nearly halved the number of pressure ulcers in the region, improving care for patients, as well as delivering cost savings to the NHS.

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**b. Health and Safety Group minutes dated 7<sup>th</sup> December 2019**

Committee received the Health and Safety Group minutes for information.

It was noted that a Health and Safety Report should be received by WODC, periodically, instead of minutes.

Health and Safety Executive Inspection

Ms Lightbown provided Committee with an update and the following was noted.

The Health and Safety Executive have requested a meeting with key representatives of the Trust on 6<sup>th</sup> February 2019 to discuss their findings following the inspections in December 2018. The inspections were carried out at several NHS Trusts and focussed on three main areas – manual handling training, violence and aggression and devices/lifting equipment.

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**13 Any other business**

Annual Report of Committee – Ms Stanley reminded members that an Annual Report of the Workforce and OD Committee (and other Sub Committees of Trust Board) is expected to be received by Audit Committee on 23<sup>rd</sup> April 2019.

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**14 Evaluation of Meeting / Chair's Significant Issues Report**

The Chair, Prof. Laura Serrant provided an evaluation of the meeting in order to inform the Significant Issues Report for February 2019 Trust Board.

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**Date of next meeting: Tuesday 30<sup>th</sup> April 2019**  
**1.30pm – 3.30pm, Committee Room 1, Fulwood House**  
Apologies to: Helen Walsh, PA to Director of Human Resources,  
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