



# Board of Directors (Public)

## SUMMARY REPORT

Meeting Date: 26<sup>th</sup> January 2022  
Agenda Item: 16

|   |   |     |
|---|---|-----|
| <b>Report Title:</b>  | People Report   |     |
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| <b>Accountable Director:</b>  | Caroline Parry, Executive Director of People  |     |
| <b>Other meetings this paper has been presented to or previously agreed at:</b> | <b>Committee/Tier 2 Group/Tier 3 Group</b>  | N/A |
|   | <b>Date:</b>  | N/A |
| <b>Key points/recommendations from those meetings</b>                           | N/A   |     |

## Summary of key points in report

The People Report provides an update on the current profile of our workforce, assurance on our progress against our People Strategy and Plan, quality improvements and identifying risk and mitigation.

The delivery of our People Strategy and Plan are largely on track. A full review of progress was last reported to People Committee in November 2021. Key performance indicators and the People Delivery Plan are currently being refreshed to align with the NHS Model hospital benchmarks and the impact of the pandemic on our people.

### **Health and Wellbeing**

Absence rates have increased from 6.95% in September to 8.57% % in December impacted by the omicron variant of Covid19. Contingency plans are in place, including staff incentives to support cover in areas of risk, wellbeing meetings in place to ensure staff are supported and working safely.

We continue to improve retention and the experience of our staff, through a focus on flexible working (flex for the future), to support the health and wellbeing of our staff, including through the ICS mental health and wellbeing hub, and improve attendance by addressing the root causes of non-COVID-related sickness absence. Further support for the management of attendance is a key objective of the People Directorate Review.

### **Employee relations**

Vaccination as a Condition of Deployment (VCOD) – From the 1<sup>st</sup> April 2022 regulations come into force to make vaccination a condition of deployment to patient facing roles. Our records show there are 64 staff in scope, including 35 who's status is unknown, and 39 staff who are not vaccinated. We are engaging with staff and trade unions to ensure a fair and supportive process for our staff affected by the new regulations in accordance with national VCOD guidance.

## **Recruitment and Retention**

Recruitment to registered Nursing and Health Care Support Worker (HCSW) roles continues to be a challenge and we have introduced additional strategies to reduce vacancy rates in these groups. We are introducing international recruitment and continue to increase apprenticeships, ensuring we maximise the effectiveness of our bank, continuing to support higher trainees and implement job plans for doctors, and to ensure sufficient clinical placement capacity to enable students to qualify and register.

## **Workforce Transformation**

We are continuing to introduce and support new roles.

To enable accurate workforce planning and reporting we rely on high quality data. Focussed work is in progress with the Workforce Information lead and Finance, to improve our data quality and reporting of workforce information.

## **Equality and Diversity**

We are taking action to improve the Black, Asian and minority ethnic disparity ratio, delivering the six high impact actions to overhaul recruitment and promotion practices.

Through the development of our team and partnerships with the ICS we will implement plans to promote equality across all protected characteristics.

## **Leadership and Culture**

Our leadership development programme, starting in February 2022 will provide a focal point around which all our leaders will have access to a consistent and holistic development programme.

Engagement for all staff continues to sit high on our people agenda and activity is planned throughout the year and in partnership with system-wide events and organisations.

### **Recommendation for the Board/Committee to consider:**

| Consider for Action   |  | Approval |  | Assurance | * | Information |  |
|---|--|----------|--|-----------|---|-------------|--|
| The report is presented to the Board for assurance and recommends the refresh of the key performance indicators (KPIs) including identification of appropriate benchmarks and a refresh of the People Strategy Delivery Plan. |  |          |  |           |   |             |  |

### **Please identify which strategic priorities will be impacted by this report:**

|  |     |   |    |   |
|--|-----|---|----|---|
| Covid-19 Recovering Effectively                              | Yes |   | No | * |
| CQC Getting Back to Good                                     | Yes | * | No | * |
| Transformation – Changing things that will make a difference | Yes | * | No |   |
| Partnerships – working together to make a bigger impact      | Yes |   | No | * |

### **Is this report relevant to compliance with any key standards ? | State specific standard**

|  |     |  |    |   |  |
|--|-----|--|----|---|--|
| <b>Care Quality Commission Fundamental Standards</b> | Yes |  | No | * |  |
| <b>Data Security and Protection Toolkit</b>          | Yes |  | No | * |  |
| <b>Any other specific standard?</b>                  |     |  |    |   |  |

| Have these areas been considered ? YES/NO    |     |   |    |   | If Yes, what are the implications or the impact?<br>If no, please explain why  |
|--|-----|---|----|---|--|
|  | Yes | * | No | * |  |
| Service User and Carer Safety and Experience | Yes | * | No | * | Recruitment and Retention for Safer staffing to ensure quality of care for service users   |
| Financial (revenue &capital)                 | Yes | * | No |   | Related to the risks associated with VCOD  |
| Organisational Development /Workforce        | Yes | * | No |   | Wellbeing of our workforce and our ability to recruit and retain staff   |
| Equality, Diversity & Inclusion              | Yes |   | No |   | Please see section 4.3   |
| Legal  | Yes | * | No |   | Compliance with relevant employment law including Equality Act 2010<br><br>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 ("the 2014 Regulations") relating to Vaccination as a Condition of Deployment effective from 01/04/2022 |

# Section 1: Analysis and supporting detail

### Background

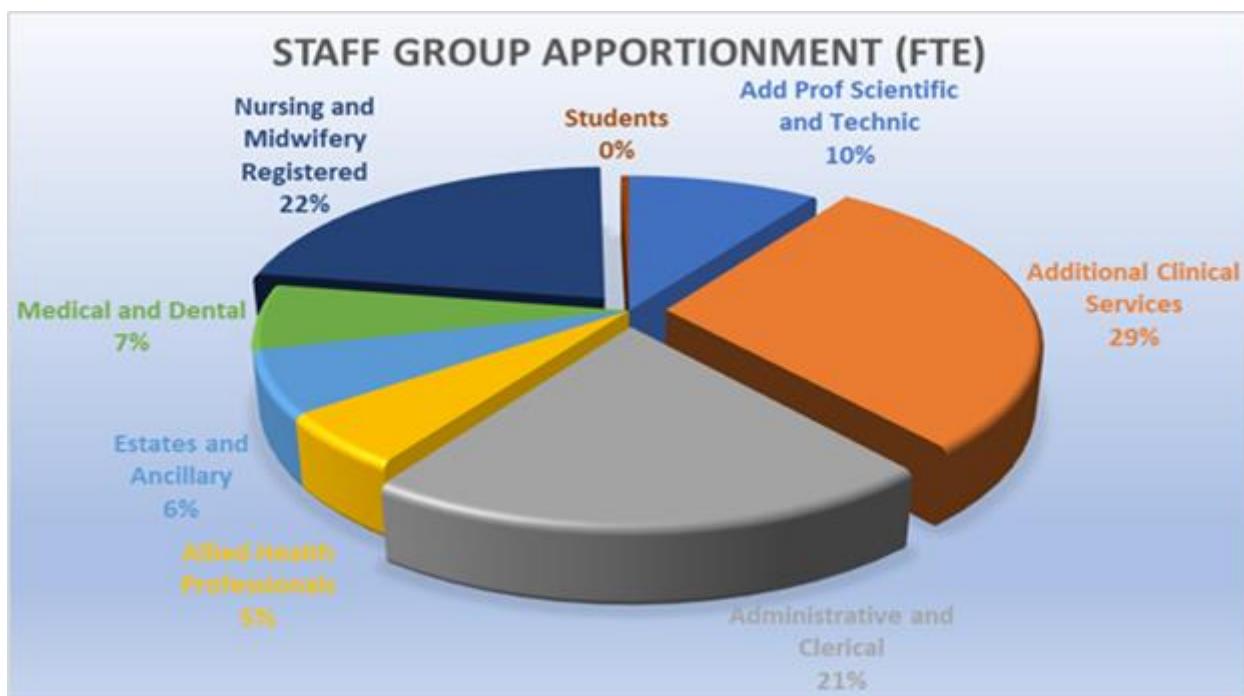
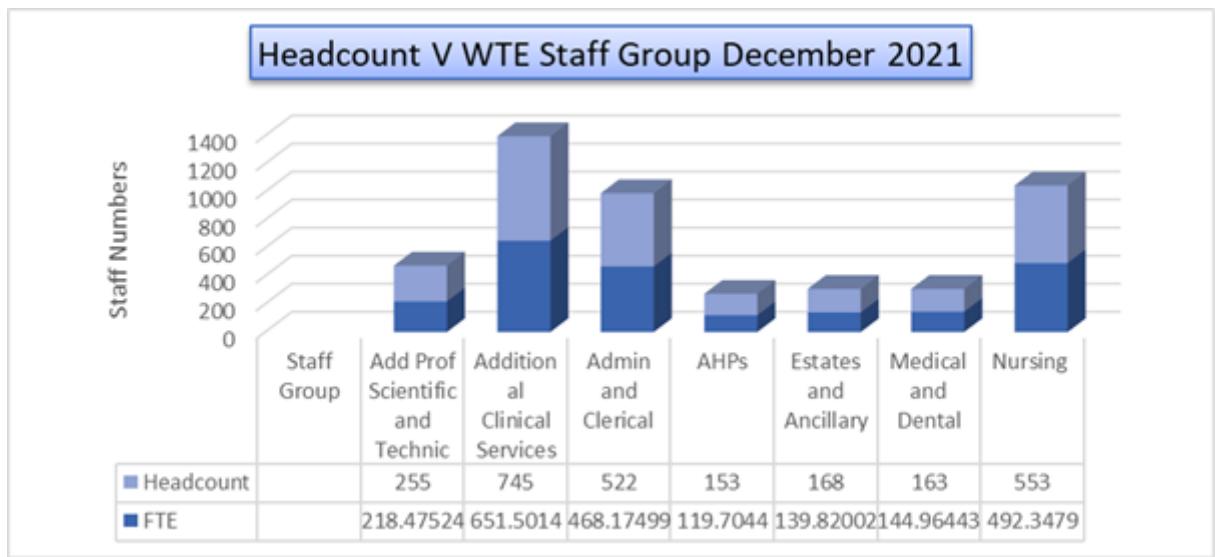
- 1.1 The People Strategy sets out our ambition to create an environment in which our staff feel happy and safe at work and feel supported to fulfil their potential to provide the very best care for our service users. Our strategy focusses on four key areas including Health and Wellbeing, Recruitment and Retention, Workforce Transformation and Leadership and Culture. Equality and Inclusion is currently reflected under each of the strategic areas in the delivery plan and aligns with the overall organisation equality objectives.
- 1.2 Progress against each of the strategic areas and KPIs are monitored through the People Delivery Plan overseen by the People Committee with regular reporting from the assurance groups. This also includes a review of the BAF risks, assessing the assurance group reporting against the impact on associated risks.

### Our People

- 1.3 The following paragraphs provide an overview of our people profile. An area that needs further investigation is the impact of the age profile with a third of our workforce currently aged 50 and over.

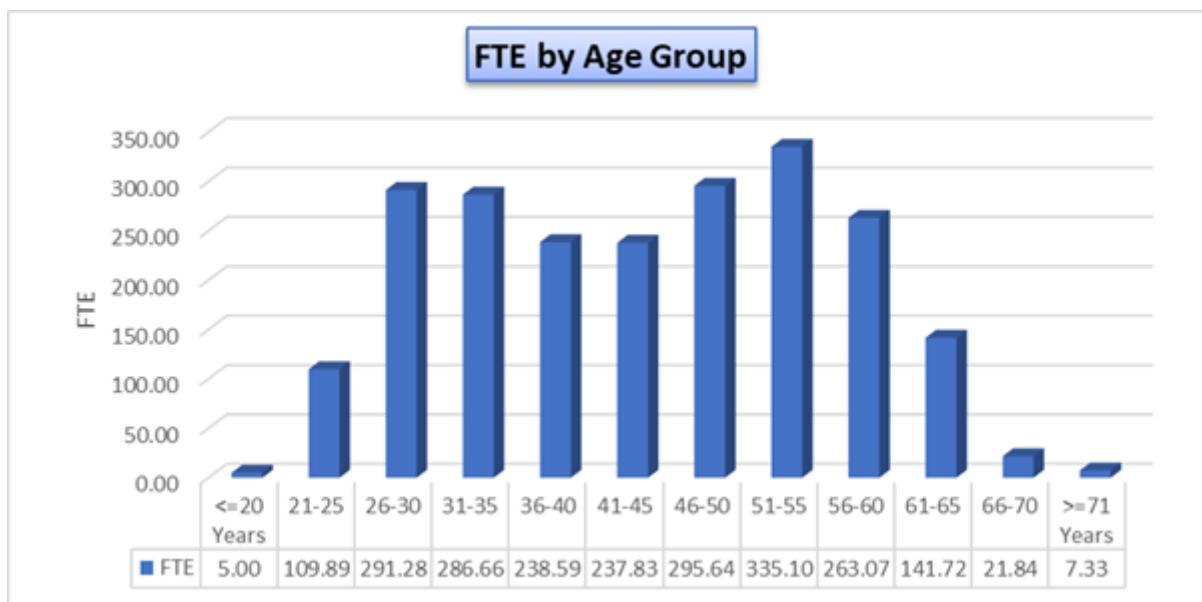
#### Headcount, Age profile and Distribution of staffing

- 1.4 The overall headcount for our people is 2565 and the whole-time equivalent is 2233.97 at 31st December 2021. This includes all posts directly employed by Sheffield Health and Social Care (SHSC) and excludes bank and honorary contracts. The headcount including Bank is 2858, although that does not reflect active regular workers.
- 1.5 Our workforce has grown slightly in the last 2 years despite a higher percentage of turnover and challenging recruitment environment for the NHS. Workforce growth is primarily due to Improving Access to Psychological Therapies (IAPT), Primary Care mental Health Teams (PCMHT) and Substance Misuse expansions which was partially mitigated by the transfer of the GP surgeries (previously known as Clover Group) to Primary Care Sheffield in April 2021.
- 1.6 The headcount distribution of the numbers of staff in each category is set out in the following chart:



- 1.7 Our workforce distribution is approximately a ratio of 2:1 clinical staff to support (using the categories estates and ancillary and administrative and clerical (27%) to define support). Compared with model hospital data we are in the lowest quartile in comparison with peer and non-peer trusts (the highest ratio being 15:1 clinical to non-clinical). This is intended to provide a snapshot and further analysis will be provided in future reports, although the nature of our estate, specialist services and the size of our organisation could be factors in this demographic.

1.8 The graph below shows the proportion of our workforce aged 50 and over (769.06 fte or 34.4%). These figures show a slight increase in the age categories since our People Strategy data capture in 2020. The People Strategy, in line with the NHS workforce priorities seeks to respond to these challenges, points that are addressed in the body of this report.



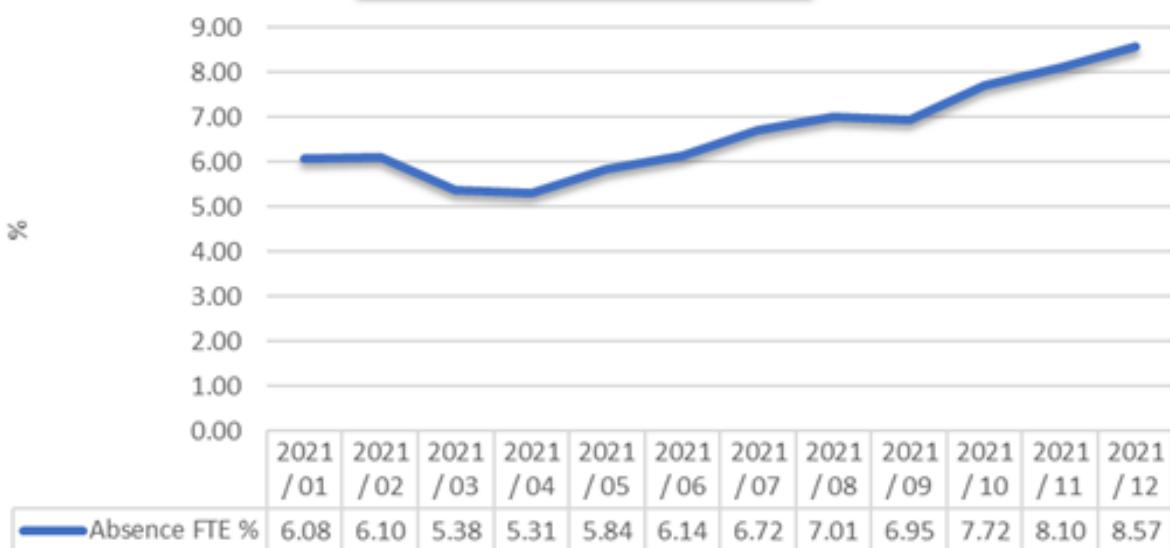
## People Strategy - Strategic Aims

### Health and Wellbeing

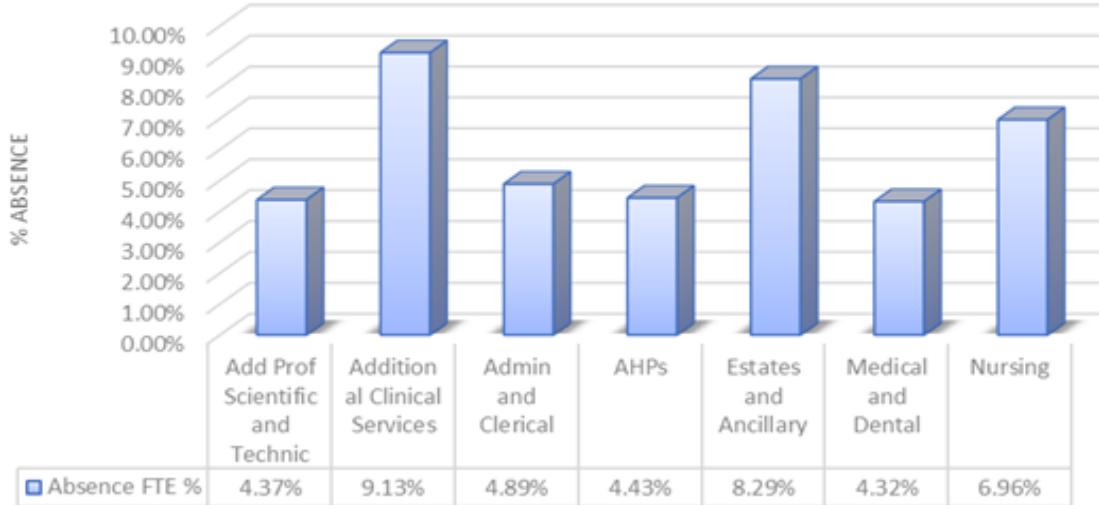
**Prioritise Health and Wellbeing and support staff to feel healthy, happy and well at work.**

- 1.9 During the Pandemic our action plan priorities for wellbeing have been focussed on supporting staff through COVID safely.
  - Enabling staff to work safely and differently through Covid including Risk Assessments, PPE, support offers, and supporting remote working
  - Enabling Agile working and ensuring this is underpinned by principles that support wellbeing
  - COVID staff wellbeing forum established through 2021 to support our most vulnerable staff during the main COVID restrictions
  - Long COVID support group established with Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (CFS/ME) clinical lead
- 1.10 In line with other NHS organisations our sickness absence has risen in this latter part of the pandemic. As can be seen on the chart below a significant factor that we are considering is the age profile of our workforce where it impacts on absence, with more than half of absences being accounted for in our over 50's age group and 35% of absence being in our over 60's age group. This will be explored further, and a more detailed review of the underlying reasons is in progress. In line with the NHS priorities our priority will be to understand and tackle the root causes of non-COVID related absence.
- 1.11 Our Additional Clinical Services, Estate and Ancillary and Nursing staff groups have the highest level of absence. These are also our most physically demanding staff groups who will benefit from our "Know Your Numbers" pilot. This will introduce voluntary physical health checks for staff. We are piloting physical health checks as part of our self-compassion and physical health offer commencing in Spring 2022, and enabling stronger signposting to our offer, evaluation and engagement on the wellbeing support our staff want and need.

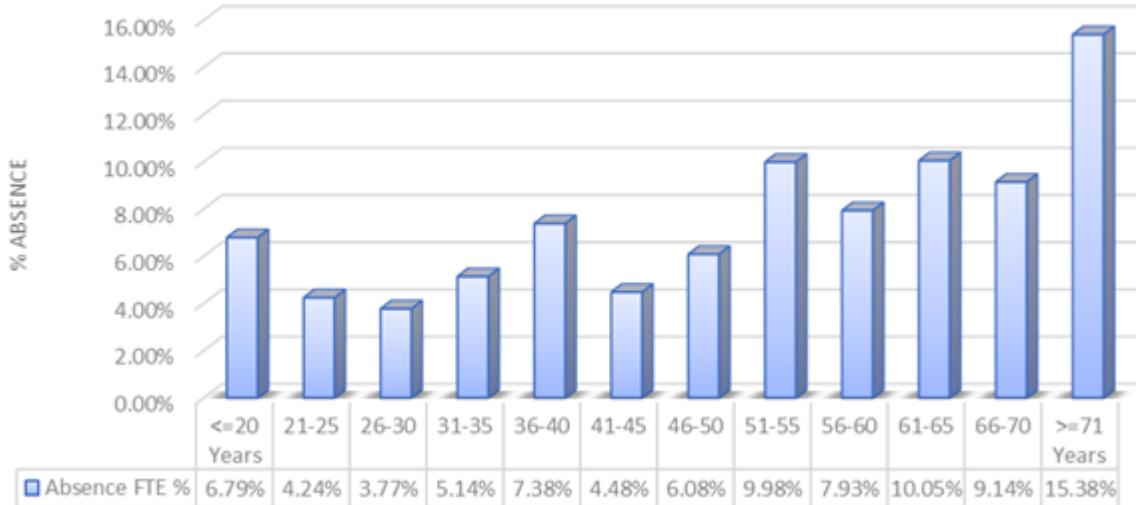
## Absence Trend FTE %



## Absence FTE % by Staff Group



## Absence FTE % by Age Band



- 1.12 From September 2020, every member of the NHS should have a health and wellbeing conversation and develop a personalised plan. These conversations may fit within an appraisal, job plan or one-to-one line management discussion, and should be reviewed at least annually. As part of this conversation, line managers will be expected to discuss the individual's health and wellbeing, and any flexible working requirements, as well as equality, diversity and inclusion. We introduced wellbeing conversations in early 2021 as part of our PDR process and are working to further embed high quality wellbeing discussions in as many of our structured meetings as possible. These will help with our targeted support for different categories of staff.
- 1.13 As a Trailblazer for the NHS Health and Wellbeing Framework relaunch we have conducted a diagnostic to provide a baseline for prioritising Wellbeing activity. This is a self-assessment which will form a baseline with which to refresh our Staff Wellbeing priorities taking into account feedback from staff via the staff survey and other engagement activities. We will finalise taking account of the 2021 staff survey results.
- 1.14 Vaccination campaigns for flu and COVID boosters have been effective. As at 11/1/2022 we report that 73.3% of staff have received their flu vaccination and 79.9% received their COVID booster. We do however hold a risk with unvaccinated front-line staff and are currently undertaking activities in line with the VCOD implementation to address hesitancy and support the staff who have thus far refused to have a COVID vaccine. This is addressed in more detail later in the paper under Employee Relations.

| Vaccination Status | Flu Vaccination | Covid Booster |
|--------------------|-----------------|---------------|
| Vaccinated         | 2092            | 2292          |
| Unvaccinated       | 761             | 575           |
| Percentage         | 73.3%           | 79.9%         |
| of which eligible* | -               | 85%           |

**Total staff figure of 2858** = includes all substantive staff and bank staff (excludes agency)

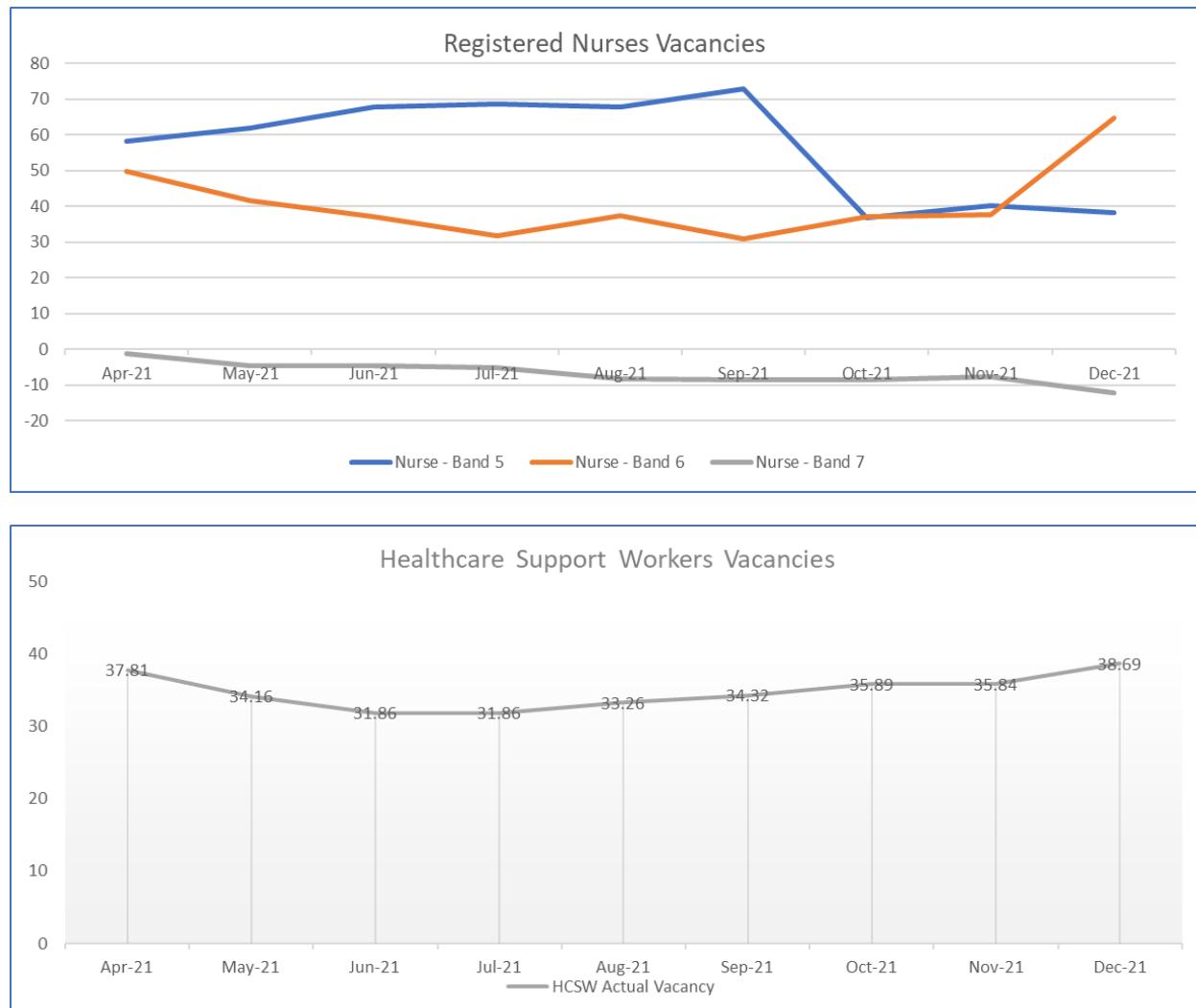
- 1.15 Our recent internal audit of our Health and Wellbeing offer provided **significant assurance** (published January 2022.) The overall objective of the audit was to review the steps we have taken to respond to the NHS People Plan in terms of health and wellbeing and how we monitor the uptake and success of our initiatives. This provides a strong platform for us to prioritise going forward.

## Recruitment and Retention

### ***Recruit and retain the right staff with the right skills***

- 1.16 Oversight of our recruitment and retention priorities, actions and impacts sit with the Recruitment and Retention assurance Group. This group currently meets monthly, and the Co-Chair is one of our Heads of Nursing. In December the group commenced a review of our priorities generating a multi-disciplinary review of main areas for action which will refresh our recruitment and retention delivery plan for 2022 onwards.

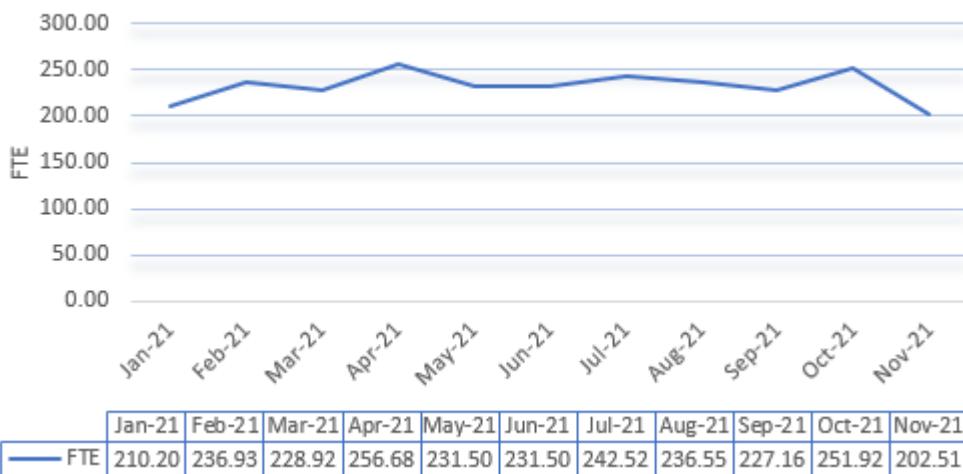
## 1.17 Our recruitment and retention hotspots



The first chart demonstrates the vacancy position for Band 5, 6 & 7 over the period of April 2021 to end of December 2021. The second chart demonstrates the actual vacancies within the Healthcare Support Workers (HCSW) group, which shows the position over the period of April 2021 to the end of December 2021. These demonstrate that there is movement and active recruitment in the pipeline, but this is impacted by higher turnover (particularly in HCSW staff group).

- 1.18 We are supported by Winter funding and the Zero vacancy programme to support recruitment and widening access to HCSW roles. This includes development of our support worker pathway, engagement with local and regional partners to support employability and holding conversations with Bank workers to support conversion to substantive contracts where a threshold is met.
- 1.19 Our short-term recruitment priorities for 2022 include improvement of our recruitment and onboarding transactions to minimise attrition. We introduced TRAC in July and are now able to track time to hire more effectively (our current average is 45 days). We are also focussing on improving the experience of our potential staff and broadening our reach for hard to recruit roles. We are expanding reach for nursing and other professions with 4 national recruitment fairs in Dublin, Glasgow, London and Manchester.

## Vacancies January to November 2021



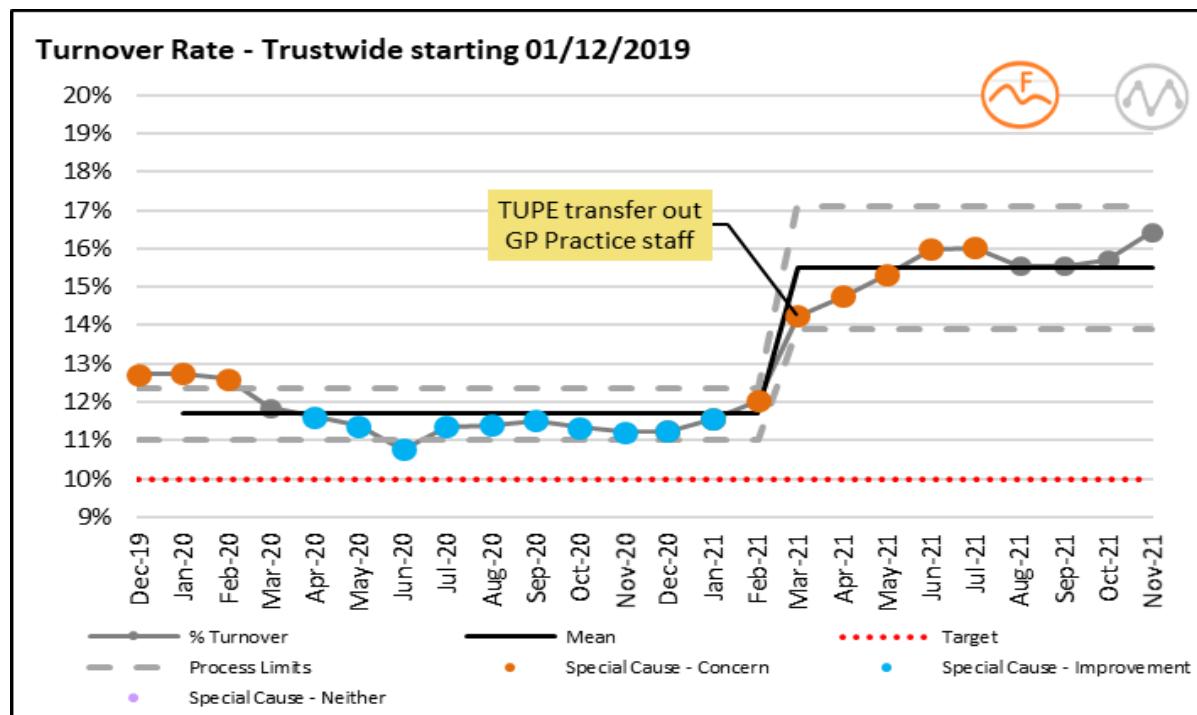
1.20 We currently have 202.51 vacancies. This position has improved since April 2021 with a healthy intake of preceptors in October 2021 having a positive impact on the trend. Our vacancy rate as a percentage currently places us in quartile 4 in comparison with our peer and non-peer trusts (based on Model Hospital data) quartile 4 includes those Trusts with the highest vacancy levels.

1.21 **International Recruitment**

In 2022/23 we intend to recruit 20 international nurses and we have engaged with NHS Professionals to support the search and selection using the NHS ethical recruitment guidance.

1.22 **Retention**

Our retention plans are in review alongside our recruitment and retention priorities. The latest Trust wide information on Turnover indicates a sharp upwards trend since the beginning of 2021. Having seen a reduction in turnover in 2020 during the first year of the pandemic.



## Leavers Apportionate by Staff Group January - December 2021



- 1.23 Of those leavers a significant proportion are Additional Clinical Services, (non-professionally registered clinical support). This is of course borne out in our vacancy trends for this staff group.
- 1.24 We introduced a new survey mechanism to better capture exit feedback from staff who are leaving in June 2021. Of the 66 questionnaires completed since then, aggression from service users, workload, understaffing and need for flexibility are some of the reasons people have given for leaving. Actions to address the rise in turnover include stay interviews, and through the work of the zero-tolerance group a review of our policies and processes relating to our approach when staff experience violence or aggression.
- 1.25 Stay interviews will provide us with more real time information and have been shown to increase belonging and retention in nurses post qualification. They are frequent and structured discussions with new employees.
- 1.26 To support our over 50's staff we have commissioned a Career Transitions workshop targeted at 50+ which will take place as soon as COVID restrictions allow.

### Workforce Transformation

#### ***Deliver Workforce Transformation to meet service needs both now and in the future***

##### **1.27 New roles**

New role development supports the NHS long term plan and mental health workforce transformation aims and is aligned to service plans. We have 75 staff in training and 18 already employed in new roles. There are a further 28 planned who will begin their training in 2022. Most of the training frameworks are apprenticeship routes which maximises the use of the apprenticeship levy with prioritisation of apprenticeships for new roles and progression pathways for existing staff. Many of our existing staff are valuing the opportunities to train into a higher level or different type of role whilst still working and this is a positive retention strategy. The training period for most new roles is a minimum of 2 years and during this time they are contributing to the multi-disciplinary team as they have their competencies signed off. We have a planned evaluation looking at a cross section of roles working in our bedded areas, this will be undertaken by the quality improvement team early in 2022.

## **1.28 Workforce planning**

We are actively engaged in the system multi-year workforce plan through membership of the SYB ICS Mental Health Workforce Expansion Group which will allow the system to have a full picture of their workforce over the next 5 years and how it will change. As part of the annual operational plan, we submit our high-level workforce data and now need to move to a greater level of granularity to allow for more meaningful workforce planning. Development of a workforce planning framework is underway supported by additional resource using our development funding and will align to and support the proposal for a SHSC five-year business plan. Co-ordination across workforce development, finance, planning and performance and workforce information teams is managed through the Workforce Planning and Transformation assurance Group.

## **1.29 Apprenticeships**

We have 79 current staff on apprenticeship pathways from level 2 to level 7 and across a range of clinical and non-clinical roles with a particular emphasis on new role development. The use of apprenticeships continues to expand and supports our recruitment and retention objectives. Apprenticeships are the foundation of career progression pathways for existing staff (for example the new support worker pathway) and provide opportunities for current staff to train into roles such as nursing. We offer training routes into employment for those people who do not yet meet the entry criteria and through apprenticeships are able to offer employment to wider and more diverse groups in the community. We benchmark favourably with other Trusts across SYB ICS @ 2.03% for the national apprenticeship public sector target of 2.3%. We are on an upwards trajectory for apprenticeship levy spend and year on year using more of the accumulated levy that we would otherwise lose.

## **1.30 Career route development – Support Workers**

We are implementing a standardised approach and career progression pathway for band 2/3 Support Workers which encourages recruitment and retention in these roles, provides a fully qualified workforce for the organisation and promotes the raising of standards and quality of care provided to our service users. The project objectives are to:

- Develop a career pathway from entry level support worker to higher level creating a pipeline to registered nurse training
- Ensure consistency within teams regarding the skills, qualifications and competencies required for the different level support worker roles

Progress to date includes:

- Establishment data agreed within clinical areas to establish the numbers of Band 2 and Band 3 Support Workers within the services
- An assessor position for 12 months is being recruited to undertake a skills gap analysis and develop a training competency framework- post out to advert
- A survey has been issued within Connect and via managers to all support workers to gain feedback and engagement
- We will be hosting 2 Employability posts to support widening participation and lead collaborative, innovative and effective approaches to HCSW recruitment

## **1.31 Peer support workers**

The development of peer support is a People Plan priority. The Deputy Director of AHP role now has responsibility for the development of a more coordinated strategic approach to peer support. A peer support worker development group has been established which builds on the successful pilot last year of the NHS England Peer Support Worker Competency Framework to 11 peer support workers and their supervisors. HEE are supporting a short-term Peer Support project lead (interviews

January 2022) who will take forward the development of a business case and a bid for a permanent post for someone with lived experience to take forward this work.

The peer support development group brings opportunities for our peer workers to share their experiences of using and working in services in a safe and supportive environment. For the managers this is very thought provoking as it creates a shift in thinking and a more specific focus on service user needs. A peer worker showcase event is planned for the spring to share these stories with a wider audience.

## **Leadership and Culture**

### ***Collective, inclusive and compassionate leadership across the whole organisation with equal opportunity for growth and development***

- 1.32 We are in the advanced stages of developing the first Leadership Development Programme that will be key to shaping our leadership approach and behaviours. The first programme will be delivered by Arden & Gem, and we have established a Co-Design Team (CDT) to work with Arden & Gem on the design and content.
- 1.33 There are 16 managers in the Co-design Team from different levels and across different services. Arden & Gem have presented the structure and possible content of each day for review, and will then finalise the programme before the first day, planned for Monday 28<sup>th</sup> February 2022. The programme will focus on changing our leadership mindset and finding a common approach and language, which will contribute to changing our culture.
- 1.34 This pilot programme will include leaders from different levels and services who will champion the new approach, as well as help adapt it throughout the programme. The aim is to have 30 leaders on the cohort. The learning from this pilot will inform the design of an ongoing leadership development programme for delivery across all leaders.

### **1.35 Further external / system leadership development opportunities underway**

We also have six managers currently booked on the Compassionate Leadership course being delivered by SYB ICS. The course is delivered in four half day sessions over a month, and they are running five courses over the next five months. We hope to increase the number of managers attending as the ICS plan to offer more courses later in the year. These managers will champion this leadership approach in SHSC. Compassionate leadership will be a theme in the Leadership Development Programme, so we will ensure these two initiatives complement each. We also have 9 places for nurses and Occupational Therapists on the Mary Seacole Leadership programme, 3 on a National Ward Manager programme and 2 on leadership programmes at Sheffield Hallam University – all funded through Continuing Professional Development.

### **1.36 Autumn Away Days**

During November 2021, two off site events were held with a cross section of our people. A total of 150 staff from administration, corporate and health and social care services attended sessions including:

- Making sense of our strategy and priorities
- What does the Clinical and Social Care Strategy mean to me
- Buildings for the future
- What can I do to make SHSC an anti-racist organisation
- Living our Values
- Wellbeing
- Board Q&A

The general feedback was that attendees had a positive experience of the away days, they valued the opportunity to connect with their peers, networking and making new contacts. People also told us they liked hearing about SHSC strategy and vision and valued the Board question and answer session.

### **1.37 2021 NHS Staff survey**

This year focussed activity to support engagement including staff incentives, teams sharing good practice and progress on activity since the last survey, targeted communication, support for teams, staff side support, and ideas to encourage participation. This collective effort resulted in a **52%** participation rate, which is an increase of 11 % from the 2020 survey. This equated to 1290 responses from 2488 staff and in comparison to other Mental Health Trusts overall response rates sits 5 points above the average (52% versus 47%). There was strong participation from corporate teams, and increased engagement in clinical teams, more work and consideration to be centred on engaging with our acute wards and community teams in readiness for 2022 Survey. The detailed table of results for the 2021 survey were received last month, these are currently embargoed, and work is in progress to understand the data and areas of focus ahead of the more detailed reports from Quality Health due in March 2022.

### **1.38 Quarterly Pulse Survey**

The first Quarterly Pulse survey at SHSC took place in July 2021, with 623 staff completing the survey (21%), comparing favourably with the NHSE/I target of 10% set as an ideal response rate. The People Pulse survey reports on a snapshot of colleague engagement at specific times set over the calendar year. The July results were shared with staff and reviewed at our leaders call to encourage reflection and action within teams. The second pulse survey was opened this month, and results are expected early February, plans are in place to respond to the results expected early February 2022.

### **1.39 Values**

During 2021 we refreshed our values following wide engagement with our people through open forums, directorate meetings and surveys. The new values were further discussed with staff at our November away days, to inform the supporting descriptors and behaviours.

The new Head of Leadership and Organisational Development, Charlotte Turnbull, joined Team SHSC this month, and will be leading and co-ordinating our future approach.

## **Employee Relations**

### **1.40 Vaccinations as a condition of deployment (VCOD)**

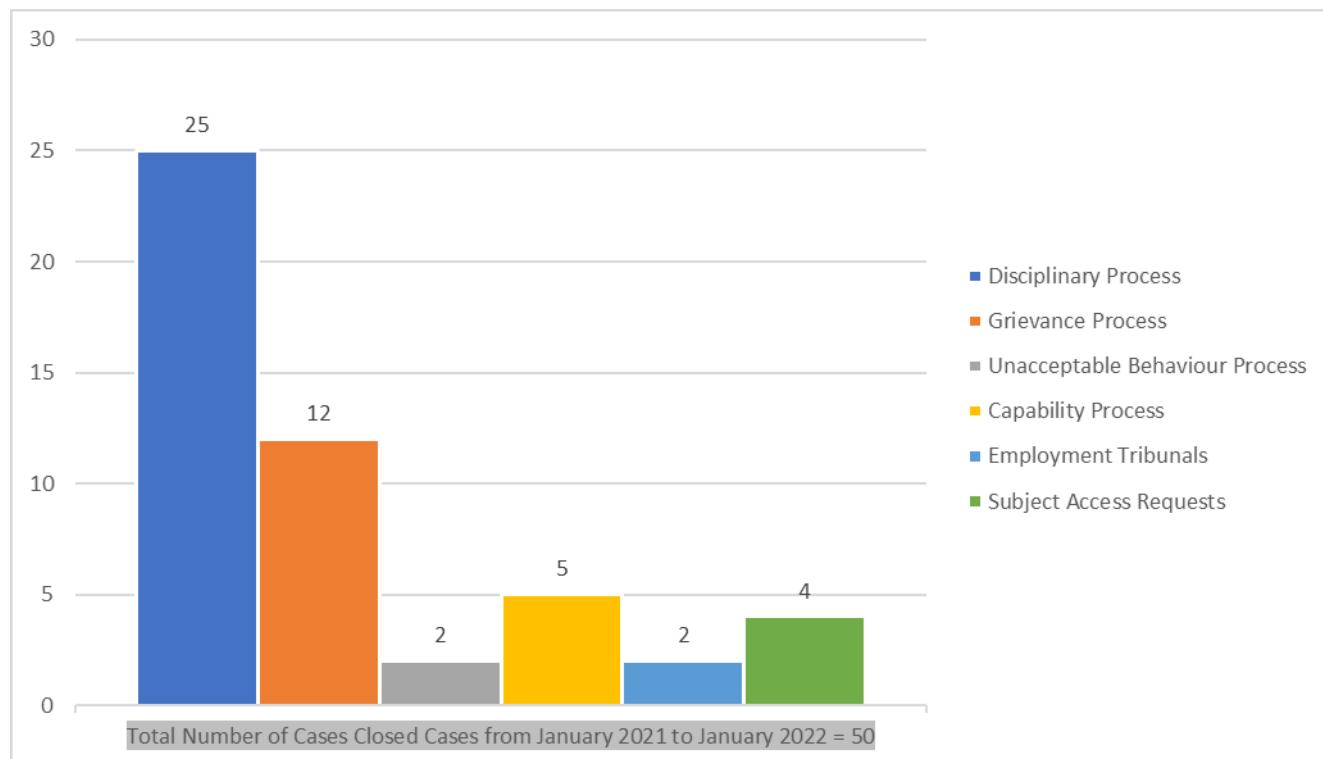
We are following the national guidelines to ensure we can meet the requirements of Vaccination as a Condition of Deployment (VCOD), which requires staff in CQC regulated, patient facing roles to be double vaccinated by 1<sup>st</sup> April 2022. Guidance has been issued in two phases nationally. The first phase focussed on planning and preparing for the regulations to be approved. This included maximising uptake of vaccines through communication and engagement. This has included a focus on support and education, with our Chief Pharmacist, Abiola Allinson leading vaccine hesitancy sessions, and offering staff confidential one to one meetings with Moira Leahy (Clinical Psychologist) or Kevin Simmons (Workplace Wellbeing lead).

We currently have 39 staff who are not vaccinated and a further 35 from whom we have not yet received confirmation of vaccination status.

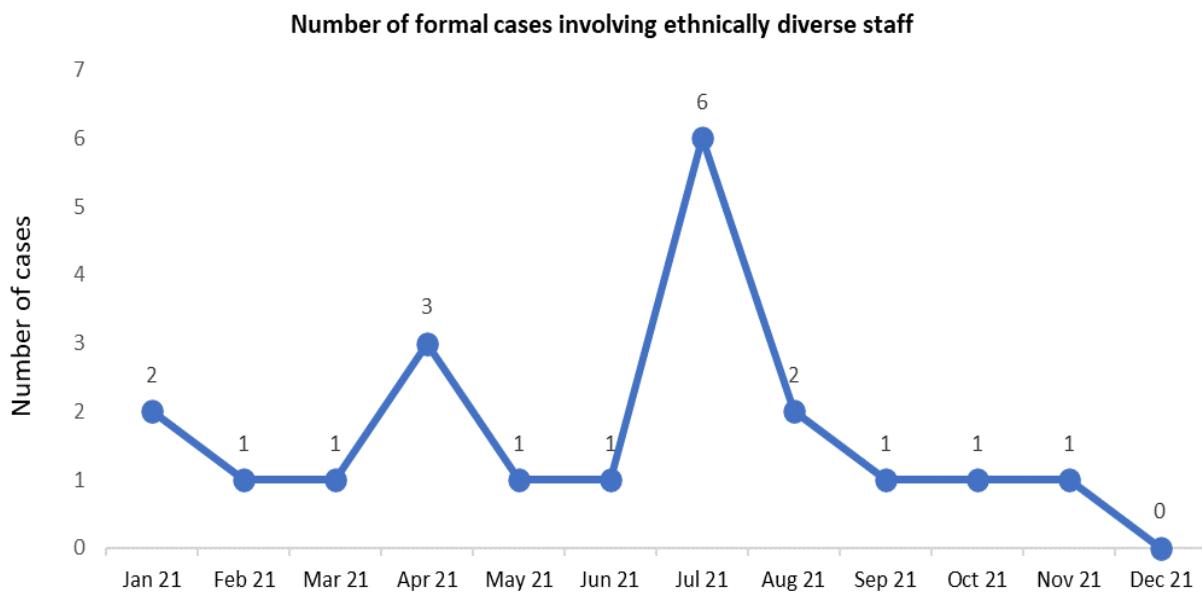
Phase 2 guidance - VCOD implementation, issued on 14/1/2022 sets out key timescales and further guidance following parliament's approval of the new legislation on 6/1/2022. The 12 week period of grace commenced on the 6/1/2022, and the guidance sets out the formal process including three steps. The first step is to engage with Staff Side on the formal process i.e. redeployment processes and potential dismissal due to VCOD, Staff Side have been involved in planning from the outset, and are part of the VCOD implementation group. As part of step two - formal review process, we are writing to staff who are in scope and who have refused the COVID vaccine to advise them that it is a requirement of their employment, explaining the position, offering support and confirming that the last date to receive their first dose of vaccine is 3/2/2022. The third step includes a formal meeting with those who remain unvaccinated after 4/2/2022, to set out the position and that refusing vaccination could result in dismissal. We will fully support staff concerned throughout the process to have access to all of the information they need to ensure that they are making fully informed decisions about vaccination, and have been working closely with Staff Side throughout.

#### 1.41 Casework

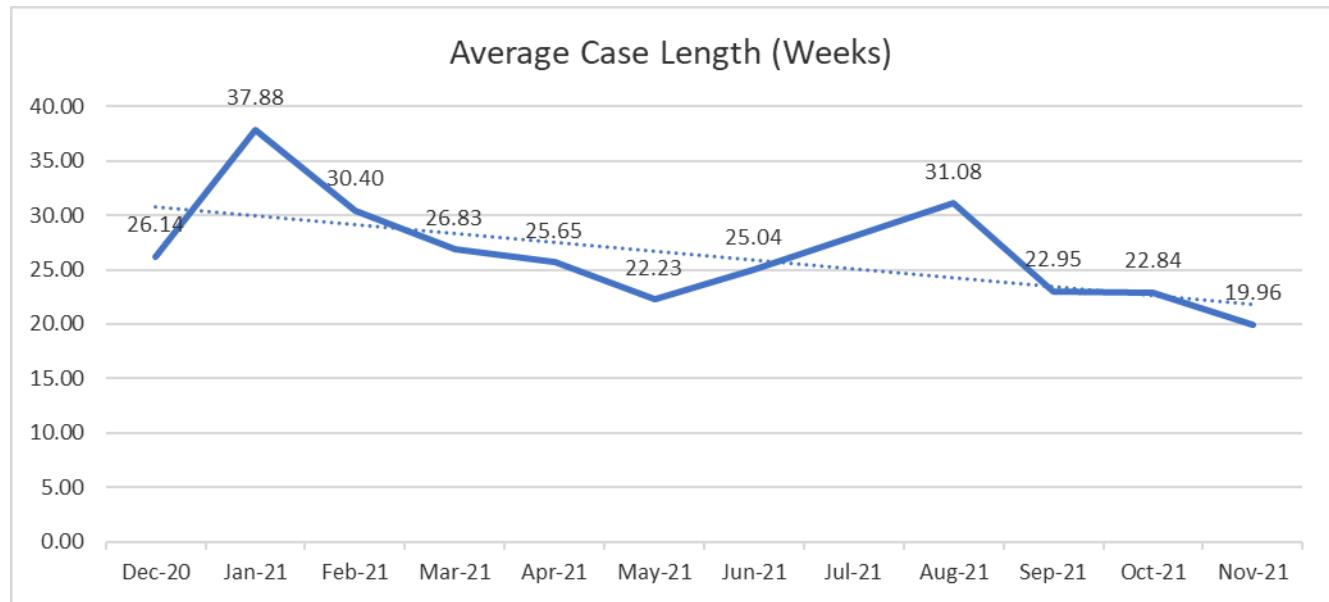
The following chart shows the cases closed in 2021/22 to date. This is having a positive impact on our ability to manage those cases that do require a formal process more effectively and improve the experience and culture of teams where formal cases have been present.



- 1.42 Additionally we are seeing the numbers of new formal cases affecting ethnically diverse staff reduce month on month since the introduction of new checkpoints introduced as part of the review of our Disciplinary Policy last year.  
(in the graph below note the spike in July was mainly due to one investigation involving 3 ethnically diverse staff).



- 1.43 We are also seeing a downwards trend on the number of open formal cases. Again having a positive impact on our Just and Learning Culture aims.



- 1.44 As part of our Just and Learning Culture developments we have trained 12 and currently have 9 active, trained mediators within SHSC. During 2021 we had 6 mediation cases, which supported early resolution of unacceptable behaviour's / grievance cases.

### Partnership Working

- 1.45 We have been developing our partnership approach through the Joint Consultation Forum who have oversight of all change activity, and casework overview to support improved processes for staff affected. Our engagement with Staff Side throughout COVID has been paramount, shaping our approaches and responses to the pandemic. We continue to work to develop our partnership working with all our Staff Side representatives and will co-produce a new Recognition Agreement for SHSC in 2022.

## Quality Improvements

- 1.46 The People Directorate has been undergoing our own review to ensure that we can meet the demands of our services and ensure staff and managers are supported with timely, accurate and service focussed support. Transforming roles to meet emerging demands for example online training, reusing existing resources in different ways i.e. focus on workforce planning and linking investment priorities to 22/23 business plan. We are currently using a maturity matrix to plan and improve our delivery.
- 1.47 We have also been engaged in the development of the national **Future of NHS human resources and organisational development**. The report sets out a vision for how the people profession will develop and work differently over the coming decade. It draws on the diversity of voices from across the profession and beyond. It also sets out a roadmap for action. <https://www.england.nhs.uk/wp-content/uploads/2020/07/We-Are-The-NHS-Action-For-All-Of-Us-FINAL-March-21.pdf>

## Equality, diversity, and Inclusion

- 1.48 As reported in our WRES data 16% of our workforce (including bank) are from Black, Asian or Minority Ethnic groups.
- 1.49 Our Equality Diversity and Inclusion team is now in place and have been undertaking action related to the objectives of their various roles, currently focused on the Workforce Race Equality Standard and Health Inequalities experienced by our workforce:
- The new team have been working closely with our communications colleagues on developing a communication strategy – this will be launched in a ‘takeover’ of Connect in January and then a regular EDI section in Connect.
  - A Board Development session focused on Equality Diversity and Inclusion took place in December 2021.
  - A focused session on Equality Diversity and Inclusion was presented at the Leaders Call December 2021 and workshops focused on the organisations Anti Racism statement took place in December.
  - Resource to support our work on Zero Tolerance of Racism from service users – has been boosted with 30 hours of Band 6 capacity until March 2022.
  - We launched SHSC’s Anti- racism commitment defined on our anti racism statement, at the Working Together Conference in December 2021 – a separate update is presented at January Board on the detail of further action to support making this a reality.
- 1.50 Our Equality and Inclusion Focused Objectives – The following Objectives are aligned to the People Strategy but focused on two aims:
- **Empowered Engaged and Well Supported Staff, and**
  - **Inclusive leadership at all levels**



## The Workforce Race Equality Standard

Progress has been made on responding to the overrepresentation of people from ethnically diverse groups in disciplinary procedures – the EDI Engagement lead is working alongside the HR advisors and business partners, and the number of disciplinaries experienced by people from ethnically diverse groups does appear to be reducing (see section on case work above for more details).

## Zero Tolerance of Hate Incidents

As noted above our leavers data suggest that abuse of staff is a key reason for people leaving – focused work on responding to race related hate incidents is progressing well. Piloting of a new support process in inpatient settings has reviewed positive feedback from ethnically diverse staff in those settings. Learning from the pilots is reviewed through the Zero Tolerance working group with revisions made to the use and impact of the new process. A regular survey is also now in place gaining feedback in real time from people working in the services who have experienced racist hate incidents.

After engagement and collaboration with South Yorkshire police a draft protocol is under review by South Yorkshire police legal department, training developed on use of this protocol will be implemented before the end of March 2022.

Progress was shared and discussed with colleagues across the organisation at our Annual Working Together Conference that took place in December 2021.

Collaboration continues with colleagues in other mental health organisations regionally on sharing good practice and developing resources focused on this area, we have set up an NHS Futures space as part of this collaboration to pool our resources and share good practice.

Implementation of improved ward level reporting of incidents is still a priority which is being progressed.

## Workforce Disability Equality Standard

Co-producing action with our Disabled Staff Network Group has been a priority. In December 2021 we were successful in a bid to the Workforce Disability Equality Standard Innovation Fund (Networks Award) to commission the production of a set of digital stories. We are currently working with Flourish to produce these, and they will be used locally and nationally as part of training and communications strategies around disability.

This bid was co-produced and is evidence of the power of co-production in our organisation and the progress of our strategic direction in terms of responding to the Workforce Disability Equality Standard i.e. establishing a strong foundation to build on in the form of our staff network group.



**The Workforce Race Equality Standard** – lack of diversity of people in senior roles in the organisation remains a priority as does develop an inclusive leadership culture. Current data suggests that the diversity of people in bands 8a and above is decreasing rather than increasing. In terms of general recruitment and promotion the new Equality Diversity and

Inclusion lead for the Workforce Race Equality Standard has been working closely with our Recruitment manager and has identified a number of new actions to support our recruitment and promotion aims. This role also has a lead for our organisational reciprocal mentoring scheme, and we plan to work closely with the new leadership and organisational development lead in looking at how we can maximise the impact of this in our organisation. We continue to work with Ben Fuchs of the Kings Fund in developing our Big Conversation phase 2, and Ben and Joy Warmington of BRAP have been leading our leadership course focused on race which started in December 2021, involving a number of senior managers in our organisation.

### Key Performance Indicators

- 1.51 We are currently benchmarking and revising our KPIs to be agreed by People Committee. The table below shows our current position against our current indicators set pre-pandemic.

| <b>Key Performance Indicator</b><br><i>Reduce Trust turnover by 1%</i>  | <b>Current Position</b><br><i>Turnover above target of 10%</i>   |
|---|--|
| <i>Reduce sickness absence below Trust target of 4%</i>   | <i>Absence rate 8.57%</i>  |
| <i>Reduce agency spend by 25%</i>   | <i>Agency spend increasing due to high vacancies and attrition in HCSW posts</i>                                       |
| <i>Reduce time to recruit to 60 days</i>  | <i>Average 45 days from advert to unconditional offer (from TRAC implementation) although data still consolidating</i> |
| <i>Reduce vacancy rate to 8.5%</i>  | <i>based on vacancies of 202.51 and a FTE of 2233.97 = 9.06%</i>   |
| <i>Achieve targets for new roles in line with workforce and NHS long term plan</i>                              | <i>On track</i>  |
| <i>Leadership and talent development programme in place</i>   | <i>First cohort will commence in February 2022</i>   |
| <i>% of roles advertised as flexible at the point of advertising increased</i>                                  | <i>Flexible working statement included in all adverts</i>  |
| <i>CQC Good Rating achieved in well led domain</i>  | <i>Current rating increased to Requires Improvement</i>  |
| <i>Staff survey health and wellbeing theme in line with the average score for best performing organisations</i> | <i>Below average for 2020 staff survey results awaiting 2021 results</i>   |
| <i>Staff survey staff engagement theme in line with the average score for the best performing organisations</i> | <i>Below average for 2020 staff survey results awaiting 2021 results</i>   |

## **Section 2: Risks**

### **2.1 Vaccination as a Condition of Deployment (VCOD)**

As a result of the new regulations that come into force on the 1<sup>st</sup> April we have a number of staff who may be unable to work in patient facing roles. We are mitigating the risk by a programme of support and education to ensure that those staff not yet showing as compliant understand the impact on their employment. We are working to the national guidelines for actions to take should staff refuse the COVID vaccination.

A local Equality Impact Analysis focused on local implementation of this national policy has been completed and is informing plans to respond to these requirements.

### **2.2 Recruitment of Nurses and HCSW**

Our vacancy rates and turnover rates for these staff groups remain high. We have plans in place to address enhanced recruitment and steps to understand retention factors to reduce turnover.

### **2.3 Absence rates**

Our December figures are indicating yet another sharp rise in absence. We have initiated a COVID wellbeing pack for February and March to offer and provide early support for staff too unwell to work.

## **Section 3: Assurance**

### **Benchmarking**

- 3.1 We regularly benchmark with ICS, regional and national teams using comparisons provided through submissions e.g. retention, recruitment, PWR, wellbeing and the model hospital.
- 3.2 All People related activity is audited and evaluated through the People Committee.

### **Triangulation**

- 3.3 Each month our people data is presented as part of the IPQR for our Directorates.

### **Engagement**

- 3.4 The People Strategy and Plan were developed in conjunction with staff and our network groups. Continued engagement has been consolidated into the People Committee governance structure through the assurance and engagement groups. Quarterly pulse staff surveys have been in place since July 2022, and opportunities for engagement are enabled through leaders calls, Directorate meetings, various forums and away days.

## Section 4: Implications

### Strategic Priorities and Board Assurance Framework

4.1 Progress against the People Strategy and Plan will support achievement of our strategic priority: Transformation – Changing things that will make a difference.

1. Covid – Recovering Effectively  
Continued support for staff wellbeing to ensure effective recovery.
2. CQC – Getting back to Good  
Supporting the well – led domains.
3. Transformation - Changing things that will make a difference  
Delivery of our People plan.
4. Partnerships – Working together to have a bigger impact  
Working across the ICS, HCP and with NHSEI to deliver our priorities.

4.2 The BAF risks listed below are relevant to the People report:

BAF 0014: There is a risk we fail to attract and retain staff due to competition, reputation issues and healthcare context, and do not find ways to present a sufficiently attractive flexible offer of employment, resulting in a negative impact on the quality of the workforce and negative indicators for quality of care.

BAF 0013: There is a risk that we fail to identify key cultural and work pressures impacting on staff health and wellbeing, leading to ineffective interventions; resulting in low scores on the staff survey (low morale), high sickness absence levels and negative indicators for quality of care.

BAF 0019: There is a risk that our long-term view of workforce planning and/or management of change fails to ensure roles meet future service needs; resulting in a disjointed approach and a disengaged workforce (industrial relation issues, increased sickness absence and poor staff retention, poor staff and service user feedback including NHS staff survey results).

BAF 0020: There is a risk we fail to effectively develop and implement a new approach to strengthening leadership and improving the culture of our organisation and/or align this with our organisational design resulting in low staff morale, poor service quality and poor staff and service user feedback.

## Equalities, Diversity, and inclusion

### 4.3 Progress on establishing clear and robust governance for Equality Diversity and Inclusion

To support assurance Equality Diversity and Inclusion governance has been improved. The new Inclusion and Equality group has been established and is now reporting regularly into the People Committee

| Milestone description                      | Lead  | Status      |
|--|-------|-------------|
| <b>EDI Governance</b>                      |       |             |
| Establish The Inclusion and Equality Group | CP/LJ | Complete    |
| Establish the Chairs of the SNG Group      | CP/LJ | Complete    |
| Agree interface with Quality Assurance     | NR/LJ | Progressing |
| Back to Good Requirements                  | CP/LJ | Progressing |
| Mandatory and Statutory Reports            | LJ    | Complete    |

#### 4.3.1 Governance Group Interface

The following action plans progress is reviewed through other groups that are part of the governance structure:

##### The Recruitment and Retention group

- Workforce Race Equality Standard Recruitment and promotion action Plan
- Workforce Race Equality Standard Recruitment Disparity Ratio action plan

##### The Staff Health and Wellbeing Group

- Equality Diversity and Inclusion workforce health Inequalities action
- Stephenson Farmer review action plan (Workforce Mental Health)

#### 4.3.2 People Strategy and EQIA

Equality and Quality Impact assessments have and will be completed for the Business case mandates that are being submitted that support our People Strategy.

## Culture and People

### 4.4 Progress against our People plan will support our strategic aim to create a Great Place to Work, and improvements in staff engagement, leadership development, health and wellbeing and recruitment and retention will support cultural transformation, encouraging a shift to compassionate and inclusive leadership, supporting our ambition for a just and learning culture.

## **Integration and system thinking**

- 4.5 The areas of focus within the People Strategy and Plan are aligned with the national NHS People Plan. Work in these areas are also a focus at ICS level, and we are engaged in collaborative working with ICS colleagues, supporting delivery of the ICS workforce agenda.

## **Financial**

- 4.6 There is no immediate financial impact associated with the report, although a future assessment of achievement of KPIs will inform potential savings. Planned actions to support health and wellbeing and recruitment and retention may also include future investment, once fully assessed as part of ongoing exploratory and developmental work including the Health and Wellbeing Trailblazer, Flex for the Future programme and international recruitment costs.

## **Compliance - Legal/Regulatory**

- 4.7 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 ("the 2014 Regulations") relating to Vaccinations as a Condition of deployment regulations that come into force on 1/4/2022.

## **Section 5: List of Appendices**

No appendices