

# Board of Directors

## SUMMARY REPORT

Meeting Date: 27<sup>th</sup> July 2022  
Agenda Item: 17

<b>Report Title:</b>	<b>People Plan Update</b>	
<b>Author(s):</b>	Caroline Parry, Executive Director of People Sarah Bawden, Deputy Director of People	
<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 our workforce, assurance on our progress against our People Strategy and Plan, quality improvements and identifies risks and mitigating actions.

The review of our People Strategy is commencing in August 2022 following the review and development methodologies used in production of other key strategies. The refreshed People Strategy will be effective from April 2023 – March 2026 and will be underpinned by the NHS People plan and Promise.

#### Workforce Profile

Our workforce headcount indicates a slight reduction of staff in post in the June reported figures. However overall increases in areas identified for growth in our workforce plan is 81% achieved.

A set of data charts in Appendix 1 sets out headcount, sickness and leavers data alongside an overall dashboard.

#### Employee relations

The report gives context on the external and internal employee relations environment and pressures impacting from external factors, including pay and cost of living challenges.

#### Health and Wellbeing

Absence rates have decreased month on month since February (6.1%) with Long-term absences being the area of focus. Short term absence has been higher, mainly attributable to COVID absences.

Continued tracking against the ICS and NHS Wellbeing framework indicates our offer is comparable as a leader in our regions, with significant work to fully engage workforce and develop our wellbeing culture.

## Recruitment and Retention

Recruitment to registered Nursing and Health Care Support Worker (HCSW) roles continues to be challenging and we have introduced additional strategies to reduce vacancy rates in these groups.

Our first International (internationally educated) nurses will arrive later this year. We continue to increase opportunities for apprenticeships, are taking steps to maximise the effectiveness of our bank to fill temporary vacancies, are 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

New role development is progressing to support our workforce expansion plans through mental health investment funds and service development. We currently have 71 Apprenticeships in progress and are fully utilising our apprenticeship levy.

By October 2022 through our development work with Attain we will have a dashboard in place to support workforce planning.

Good progress is being made in developing and supporting Peer Support Workers.

## Equality and Diversity and Inclusion

We have made progress in improving governance of Equality Diversity and Inclusion (EDI). The introduction of the Single Operating Procedure for reporting and responding to hate incidents, production of digital stories involving disabled staff and the development of an EDI KPI dashboard are key area of progress since January.

## Leadership and Culture

Implementing our leadership development programmes is key to supporting our 'Getting back to good-continuing to improve' strategic priority and we have made significant advancement in this area this year. We have successfully launched and completed Cohort 1 of our multi-disciplinary Team SHSHC: Developing as leaders programme. We have also launched an Agile Mindset & Behaviours Programme for senior leaders, which provides practical skills and tools for effective leadership in the challenging times that we operate in.

We have increased our investment in Staff Survey results analysis and follow-on action at team and organisational level. This enabled more direct support for team leads/managers in using their staff survey data to enable quality staff engagement and target action to improve staff experience. This data is also central to partnership working with Staff Side on a Trust-wide 'Big Conversation' regarding our culture and identifying how to improve the staff experience.

## Recommendation for the Board/Committee to consider:

Consider for Action	Approval	Assurance	x	Information

The report is presented to the Board for assurance of delivery of the People Strategy and People Plan for SHSC.

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

	Yes	No	x
Covid-19 Recovering effectively	Yes	No	x
CQC Getting Back to Good – Continuing to improve	Yes	No	x
Transformation – Changing things that will make a difference	Yes	No	x
Partnerships – working together to make a bigger impact	Yes	No	x

Is this report relevant to compliance with any key standards ?				State specific standard	
Care Quality Commission Fundamental Standards	Yes		No	x	<i>The people plan is an enabler in our well led actions, including our progress to 'Getting back to good'</i>
Data Security and Protection Toolkit	Yes		No	x	
Any other specific standard?					<i>Equality, diversity, and inclusion standards</i>
<b>Have these areas been considered ? YES/NO</b>					If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety and Experience	Yes	x	No		Recruitment and Retention for Safer staffing to ensure quality of care for service users
Financial (revenue & capital)	Yes	x	No		Related to the risks associated with the national Employee relations environment, cost of sickness absence and recruitment and retention.
Organisational Development /Workforce	Yes	x	No		Wellbeing of our workforce and our ability to recruit and retain staff
Equality, Diversity & Inclusion	Yes	x	No		<i>Please complete section 4.3 in the content of your report</i>
Legal	Yes	x	No		Compliance with relevant employment law including Equality Act 2010 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 supported to fulfil their potential to provide the very best care for our service users. Our strategy focussed on four key areas including Health and Wellbeing, Recruitment and Retention, Workforce Transformation and Leadership and Culture. Equality and Inclusion being reflected across the strategy. From 2022/23 the delivery plan is aligned to 5 themes specifically setting out Equality deliverables and 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.
- 1.3 The People Strategy is being refreshed in readiness for April 2023, and engagement with stakeholders will take place from Autumn 2022.

## Our People

### Headcount, Age profile and Distribution of staffing

- 1.4 The overall headcount for our people is 2522 as at June 2022 compared with 2565 as of 31st December 2021. This includes all posts directly employed by Sheffield Health and Social Care (SHSC) and excludes bank and honorary contracts. This reduction in the workforce relates to filling vacancies, with some long-term bank and agency filling substantive posts, especially those requiring professional registration. We have however made good progress against areas with identified expansion to meet the long-term plan investment, and demand targets, with 81% of the planned trajectory being recruited to by the end of Quarter 1. See separate Public Board paper on Covid Recovery. A breakdown of headcount and FTE is provided in Appendix 1 indicating a reduction in Nursing, Allied Health Professions and Medical.

### Absence

- 1.5 Absence is plateauing, this is noted across the region. We are seeing a reduction in month-on-month absence March – June. Notably our long-term absence is reducing, whilst short term absence has increased due to the latest omicron wave. (See Appendix 1, slide 7). Further analysis of wellbeing impacts is provided in the section Health and Wellbeing.

### Leavers

- 1.6 Whilst the latter half of 2021 and the earlier parts of 2022 showed some peaks of leavers for all staff groups, this trend appears to be shifting with leavers numbers reducing in the 3 months to June. More detail on actions to support retention are provided in the section on recruitment and retention.

## Employee Relations

- 1.7 **Vaccinations as a condition of employment** (VCOD) was formally withdrawn on the 15 March 2022 and we were fortunate not to be in a position where any of our employees were dismissed.
- 1.8 **Pay award** 22/23 was announced on 19<sup>th</sup> July at 4.5% for the NHS. However, each of the major Unions have launched campaigns asking for a significantly increased pay award. UNISON is asking for a flat rate of £2,600, BMA proposing 2% + RPI and the Royal College of Nursing (RCN) is indicating 5% above RPI. Further discussions will take place with ICS partners, Joint Consultation Forum and stakeholders to address next steps.
- 1.9 **Mileage rates** have been uplifted locally and will be reviewed in December 2022, in conjunction with other Trusts in our Integrated Care System. Nationally discussions are planned to reopen for an NHS wide review.
- 1.10 **Partnership Working** continues to develop through focussed and productive Joint Consultation Forum meetings. All organisational change activity is presented for discussion and support, in addition to reviews of organisational change programmes to address issues, learn from our practice and make quality improvements to our processes. This has included a significant review of the CMHT (Community Mental Health Teams) transformation dating back to 2017, and initial reflections on good practice experienced in the leaving Fulwood project. We have plans to rewrite and co-produce our recognition agreement, all parties are signed up to this process.
- 1.11 A significant improvement in the performance of **Employee Relations casework** management is noted. This is due to efforts of all, managers, business partnering teams and partnership with staff side. The charts in Appendix 1, slide 9 show a reduction since September 2021 from 55 live formal cases to 15 in June. This also compares with an average case length of 27 weeks in September 2021 and less than 20 weeks in June 2022.

## Health and Wellbeing

- 1.12 Our Aim for Health and Wellbeing, as set out in our People strategy is to support staff to feel **healthy, happy, and well at work**. We recognise the impact the pandemic has had on our workforce both in terms of the increased prevalence of sickness absence and ill health for our people whether at work or absent due to illness.
- 1.13 The NHS People Plan (2021) sets out the vision to **Prioritise the health and wellbeing of all our people** - *We take a positive and proactive approach in supporting the health, safety, and wellbeing of our NHS people, ensuring that work has a positive impact. We address health inequalities at work and in our communities.*
- 1.14 This work is underpinned by the Sheffield Health and Social Care Health & Wellbeing delivery plan. The key deliverables we are reporting progress against are:
- To work safely and recover from COVID
  - To enable networks and connections to promote wellbeing and self-compassion throughout the year
  - To improve our wellbeing offer for all staff with a focus on prevention
  - To embed wellbeing in our management practice, policies, and processes
  - To develop skills to support a focus on wellbeing

- 1.15 Aligned to the NHS Future of HR and OD strategy actions we are committed to embedding best practice from the NHS Health and Wellbeing Framework; enhancing the skills and competencies of our managers; ensuring that estates and facilities teams are key partners in how the physical work environment is improved for our people, to support their health and wellbeing; ensuring our offer reflects the diverse needs of our people; enabling regular one to one health conversations and supporting our managers with the capability to do that well; and ensuring strategic partnership with our occupational health services.
- 1.16 Our absence rates track just above the Northeast Yorkshire regional average for our peer groups at 6.17% compared with 6.1% for our Trust in February as reported on NHS digital (see references). Our own absence rates have continued to decline month on month since February 2022 (currently reporting 5.63%) although we are expecting there to be some impact from the latest OMICRON wave, however we now have a more robust support system for managing absence and have improved absence recording with local support plans in place with managers and HR Business Partnering teams where absence rates are higher than 7%.

### **To work safely and recover from COVID**

- 1.17 We continue to deliver change sessions for leavers to support new ways of working in our move to the new Headquarters. This includes ensuring reasonable adjustments and workplace assessments and creating a blueprint for enabling adjustments for moves, services changes and any adjustments required for individuals. Progress towards an agile workforce at Centre Court is showing this support to be effective and is a model that will replicate for future building relocations.
- 1.18 Other than when caring for patients with COVID or in case of an outbreak all COVID restrictions including mask wearing are now lifted. We continue to monitor the impact of this in the light of the current OMICROM wave.
- 1.19 We are prioritising investment in HR Advisor posts as part of our People Directorate restructure to support management of absence; to prioritise access to support, partnerships with managers and occupational health. Tracking of the effectiveness of this model will take account of the expected reduction in cost of agency and bank cover, and overall wellbeing scores in the Annual and Pulse staff surveys.

### **To enable networks and connections to promote wellbeing through the year.**

- 1.20 We continue to work closely with the South Yorkshire and Bassetlaw (SYB) ICS on Health and Wellbeing. This enables access to shared initiatives in line with the NHS People Plan and support for our teams from a network of peers. [SYBICS – Health & Wellbeing Events – Booking by Bookwhen](#)
- 1.21 We have recruited to the Flu Co-ordinator post and investigating opportunities to more closely link the flu campaign to other physical health initiatives (for example QUIT and Know your numbers). A task and finish group will explore potential and scope feasibility of these initiatives working more closely through the Flu campaign.
- 1.22 As our staff engagement activity develops, we are making closer links with the health and Wellbeing offers, and engaging teams in understanding the support their people need.

### **To Improve our wellbeing offer for all staff with a focus on prevention**

- 1.23 The establishment of our wellbeing networks will improve our ability to develop physical and mental health support campaigns and focus effort with our aims.
- 1.24 We respecified our Occupational Health requirements to enable a closer strategic partnership, and ability to focus on prevention for all our people. We will explore within the context of our new arrangements ways to provide this support focussing on those

with underlying or pre-existing health conditions. We expect our new provider and provision to be in place by September 2022.

- 1.25 Our QUIT programme continues to provide nicotine replacement therapies and specialist support for staff and service users to help quit smoking. The QUIT team roles are now recruited to with a communications plan, and as above opportunities to join up with other physical health initiatives being identified. Details of the QUIT offer for staff are in Appendix 3. Since October 2021 we can report that there were 12 staff quits at 4 weeks.
- 1.26 We have trained 3 Menopause Advocates with more spaces available and are developing more opportunities in house for staff to access support.
- 1.27 **Know Your Numbers campaign** a national campaign which helps us look after ourselves and reduce the chances of developing heart disease, diabetes, and other major illnesses launched in April, however we haven't been able to extend the offer as quickly as we hoped due to recruitment issues. As of July 2022, we have offered 75 checks to staff.

More information can be found at the following link.

<https://jarvis.shsc.nhs.uk/news/do-you-know-your-numbers>

### To embed wellbeing in our management practice, policies, and processes

- 1.28 Staff wellbeing conversations have been established as part of the Performance and Development Review (PDR) process. Further work to support embedding in supervision training and support will be progressed later this year.
- 1.29 Wellbeing is featuring centrally in our people management systems. More explicitly in problem resolution (case management), directly linked to the management of absence, supporting managers to share responsibility for people processes and quality conversations. Wellbeing and engagement are inextricably linked, and wellbeing is a key feature of engagement plans with teams.

### Develop skills to support a focus on wellbeing

- 1.30 We have 24 trained Mental Health First aiders and currently exploring options to provide further training availability with the Integrated Care System (ICS).
- 1.31 Our Welcome to SHSC and staff induction is being reviewed, ensuring new staff are signposted to, and understand the support available to them throughout their time with us, which is key to enabling our wellbeing system to work.
- 1.32 Supervision training for line managers will be relaunched in the Autumn focussed on skills development for managers to hold quality conversations, supporting meaningful wellbeing and career conversations.

### Recruitment and Retention

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

- 1.33 Oversight of our recruitment and retention priorities, actions and impacts sit with the Recruitment and Retention assurance Group. This group currently meets monthly, and is Co-Chaired by one of our Heads of nursing.
- 1.34 We introduced TRAC in July 2021 since then we can track more effectively our recruitment performance. Our average time to hire is 70.3 days from advert to start date confirmed. We are still benchmarking our time to hire which does appear to be slightly higher than other comparators, however we also note a significant improvement in the ration of adverts to offers indicating an improvement in the effectiveness of our processes.

- 1.35 We are also focussing on improving the experience for potential staff and broadening our reach for hard to recruit roles. We continue to extend recruitment campaigns outside of Sheffield and the region and engage with local colleges and in partnership with South Yorkshire Regional Education and Careers (SYREC) to support Employability and widening access to our roles.

### **International Recruitment**

- 1.36 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. We have made 15 offers to international nurses to date.

### **Retention**

- 1.37 Our retention plans are in review alongside our recruitment and retention priorities. The latest SHSC 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. Of those leavers a significant proportion are Additional Clinical Services, (non-professionally registered clinical support, including Health Care Support Workers). This is of course borne out in our vacancy trends for this staff group. The charts in Appendix 1 breakdown leavers by staff group indicating the periods where attrition has peaked. The trend lines are flattening out in 2022, we will continue to monitor this trend alongside taking action on feedback from staff.

- 1.38 In June 2021, we introduced a new survey mechanism to better capture exit feedback from staff who are leaving. Aggression from service users, workload, understaffing and need for flexibility are some of the reasons people have given for leaving. The data collected from these surveys is consistent with feedback from the staff survey and will be addressed through local and SHSC wide action plans.

- 1.39 Transitions workshop targeted at staff aged 50 and over are now planned for early Autumn (these have been delayed due to COVID restrictions as the sessions are delivered face to face).

- 1.40 In response to national communication received in July, regarding the retention of nursing and midwifery colleagues, we are in the process of completing the nursing and midwifery retention self-assessment tool to identify the gaps against globally evidenced best practice and the People Promise areas and implement a retention improvement action plan for SHSC from July 2022. The tool is hosted on the NHS England website.

The key areas to address using the tool are:

- Implementation of the National Preceptorship Framework to be launched in September
- Implement legacy mentoring schemes to support late career nurses and midwives to extend their NHS career whilst supporting early career nurses and midwives.
- Encourage staff to attend national pension seminars and access information on pensions and flexible retirement options and encourage trusts to ensure the availability of flexible retirement options.
- Develop a menopause policy / guidance or add to existing policies and action plan or amend your policies and take action to ensure availability of menopause support. Other relevant policies could include flexible working, health and wellbeing and equality diversity and inclusion. National guidance on menopause is in development.

### **Workforce Transformation**

#### **New roles**

- 1.41 We currently have 37 staff in training and plans for a further 10 this year. Most of the training pathways for new roles (except Physician Associates and Peer Support workers) are through apprenticeships which take on average 2 years to complete. We are now starting to see a growing number of staff qualifying, which will allow us to



measure the true impact of these different ways of working. So far this year we have had 26 people complete their training to become nursing Associates (8) and Clinical Associate practitioners (18). In addition, we have 12 substantive posts for Physicians associates who complete their training at University before appointment. In order to measure the impact of new roles an evaluation will start in August 2022 by our Quality Improvement team in conjunction with the People Directorate and clinical operational colleagues. We will use this data to inform future workforce planning; to establish the best skill mix in teams; potential OD support and as a baseline to measure impact over the next few years.

## **Workforce planning**

- 1.42 Work has started on data collection for the SHSC Workforce Dashboard which will provide a baseline for SHSC including establishment, supply information, retention and recruitment rates. Once developed this tool will help us to undertake an Analytical Gap Analysis: to identify any gaps or risks in the current workforce and to develop a future forecast drawing on current organisational plans, supply and underlying demand growth. Furthermore, the tool allows us to suggest and manage 'What-if' scenarios, for example the impact of events such as sickness, vacancies, recruitment, use of agency etc. The work is planned to be completed by the end of October 2022.

## **Service-led workforce planning framework**

- 1.43 A new template has been agreed which will capture more detailed workforce information as part of annual service planning. This will be used by the People Directorate to analyse service requirements and provide more focused support for workforce planning at local level. Tailored support will be offered to managers to help with skill mix options; signposting to apprenticeships and training; provision of workforce planning tools; and skills training on capacity and demand and workforce modelling.
- 1.44 There are a number of internal and external dependencies required to achieve the intended outcomes – continued ICS support and investment; capacity and engagement of operational managers; and SHSC financial and technological capacity. To mitigate against these risks workforce planning conversations will be embedded into the development of a 5-year service plan and support provided to managers through training, supported conversations, workforce template and guidance, and access to workforce modelling tools.

## **Apprenticeships**

- 1.45 In the last 3 months we have had three staff complete their apprenticeship - two Registered Nurse Degree apprenticeships and one Business Admin Level 3. Five people stopped their programme of study – one left the Trust and one transferred to another apprenticeship. This means we now have 71 apprentices in training. We are collating apprenticeship training requests from the recent Performance Development Review (PDR) window, and so far, there are plans for external recruitment for the new customer service apprenticeship, and two of our existing staff are starting the Data Technician Level 3 and Associate Project Manager Level 4 new awards. We continue to fully utilise our apprenticeship levy and have no expired funds. National changes to the Maths functional skills qualifications remain a barrier to completion for some of our health care support workers and we are looking at ways to provide extra support and to introduce pre-employment support.

## **Peer support workers**

- 1.46 The development of peer support is a People Plan priority. We have appointed a Peer Support Lead for 12 months supported by HEE development funding. The creation of the post had the aim of supporting a strategic, consistent, and uniform approach for peer support work. The value that Peer Support Worker's (PSW) add is becoming increasingly acknowledged and PSW's are becoming an integral part of mental health services and national strategies. Excellent progress has been made including

Peer Support Worker Supervision group has been created and this has provided ongoing support and supervision for Peer Support Workers, and they have reported feeling more comfortable in their role with the ability to discuss and approach a peer support lead. Having a lead in place has meant that conversations to support PSW's can be carried out with relevant people at all levels of the organisation.

Consistent Peer Support Worker job descriptions and bandings have been agreed to remove the disparity between various peer support worker roles, job descriptions and banding. Through working with the People Directorate, PSW's, line managers and general managers, job bandings have been reviewed and all current PSW's are now at the same banding with a standardised job description.

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 and roadshow was delivered in May 2022 to share these stories with a wider audience. By engaging with clinical teams and managers to provide clarity around the role and what this brings to a team, the long-term plan is to develop an infrastructure of PSW's across teams and services in SHSC to represent the population of Sheffield and those who use services.

- 1.47 Next steps are to develop an induction and training framework for PSW's joining SHSC and create a development pathway. To support this a procedure has been created which has clear guidelines for recruitment, induction and ongoing support, supervision and development of PSWs. The biggest challenge is to secure permanent funding for the Peer Support Lead and ensure the value of peer support is realised across all teams.

### **Leadership and Culture**

- 1.48 Our priorities for leadership and culture are collective, inclusive and compassionate leadership across the whole organisation with equal opportunity for growth and development.

### **Leadership & Management Development**

- 1.49 Our first cohort of 27 multidisciplinary leaders across the hierarchy completed **Team SHSC: developing as leaders** a new six-day programme on the 11th of July 2022.
- 1.50 Our working partnership with Arden & GEM (engaged to support the development and facilitation of the leadership programme), has been productive and we have maximised their input as a supplier to skill us up to deliver the programme internally. Cohort 1 and other staff across SHSC and the ICS will be integral to design and delivery for future cohorts. Scheduling is underway for the next cohort. We anticipate a start date of Cohort 2 in October 2022, mindful of balancing COVID/winter pressures and maintaining momentum. Development will focus on equipping leaders to deliver SHSC strategic priorities and to embed the principles of the recent NHS Messenger review of leadership.
- 1.51 **Agile Mindset & Behaviors** launched in Spring 2022; this programme is progressing well. Cohorts 1 (Strategic leaders: 8 participants) and Cohort 2 (Delivery Leaders: 11) have commenced their 20-week programmes and have identified work-based projects to work collaboratively on and practice their newly acquired agile tools. Cohort 3 (Portfolio/Single subject leaders 13) will start 09/2022. Catch-up calls are held fortnightly with the external providers to ensure quality control and effective evaluation.
- 1.52 **Leaders Calls are** online monthly calls held with circa 60-80 regular participants. Our Chief Executive shares an update and SHSC leaders from all disciplines share their experiences and learning. Topics have included leading delivery model change,

engaging our teams, service user co-creation, and leadership skills e.g., compassionate listening.

### **Leadership Away Days**

- 1.53 These engagement routes routinely attract circa 50 SHSC leaders per session (2 held each day) and offer a range of updates and information sessions. Held in April they included reviewing the staff survey results and sessions on inclusive feedback, compassionate and inclusive leadership, understanding preferences and working across teams to strengthen 'Team SHSC'. The evaluation has been very positive across all staff groups as staff value the time to get together in person again post-COVID peak, network and learn from each other.

### **System collaboration**

- 1.54 We continue to contribute to the 'Leading Sheffield' steering group with multiple Sheffield health and social care and voluntary sector providers. Revised format under consideration, dates to be confirmed.

### **Manager briefing sessions**

- 1.55 This offer continues with monthly sessions on key HR policy and offers on 'Agile Working' and 'Menopause awareness' are currently priority areas.

### **NHS Staff Survey and staff engagement**

- 1.56 The 2021 NHS Staff Survey results were fully released on the 30th of March 2022 following a period under which all results were embargoed. 1290 SHSC staff participated (52%) and we have worked diligently to review this information and see how we can use it to inform practical action to benefit our staff.
- 1.57 Through liaison with our data provider Quality Health, we have produced a range of reports to form the basis of internal communication and engagement with leadership and team systems.
- 1.58 Since the public launch of the data, our Organisation Development team have worked in partnership with our ICS colleagues, HR Business Partners, Staff Side, Steering Groups and leaders and teams to 'get behind the data' of the NHS Survey results for SHSC and for local teams (teams with 11 or more staff who took part). 60+ reports have been produced, 20+ leader and team support sessions have already been held. A new support resource pack was created to guide activity at team level. It includes a PowerPoint presentation 'Staff Engagement Action Planning – Support Pack information for all' formed to ensure consistency of voice about our performance; positive areas of engagement and conversely where there is a need to transform staff engagement, with an SHSC team plan to support cascade, team engagement and action plan requirements.
- 1.59 Activity is now firmly underway with teams, OD and leaders working in partnership to understand survey feedback, supported by Staff Side colleagues.
- 1.60 A new addition this year, has been to introduce staff engagement and experience reporting as part of the Triannual Performance Reviews with Directorates. This aligns scrutiny of our activity in this area with our core service performance measures and shows our commitment to keeping this activity a high priority. The first round of submissions took place in June, and we await feedback to understand the outputs of these.
- 1.61 The last four years of staff survey have confirmed the need to address some key cultural issues. We are preparing to address issues and challenges that staff are experiencing in an open and transparent way through a series of 'Big Conversations'. We will bring colleagues from across SHSC together to talk openly about our feedback – how this feedback impacts staff wellbeing and patient care. In line with the 'We each have a voice that counts' of the NHS People Promise, we want staff to feel confident that their voice is

heard and to see the impact of these conversations through steps that improve their experience. We acknowledge that we are the lowest performing Trust across our comparator group, and we have major concerns in key areas:

- staff indicating, they may consider leaving SHSC
- not recommending us a place to work and
- not recommending family and friends for care
- we do not prioritize people's health and wellbeing as an organisation.

These topics will inform and underpin our discussions.

1.62 NHS Staff Survey 2022 will launch September 2022 and planning is underway. For the first time a Bank Staff survey will also take place, with results being reported independently to the NHS Staff Survey 2022.

### Quarterly People Pulse Survey

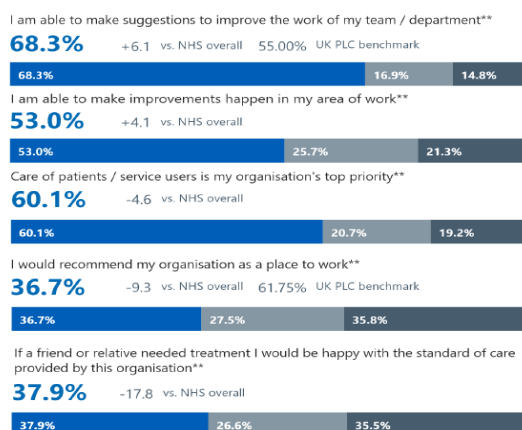
1.63 A further route for ensuring 'We each have a voice that counts' is in practice at SHSC our use of the People Pulse survey. We are approaching the first-year anniversary of participating in July 2022. In July 2021, 623 staff completed the survey (21%), a result which was seen as favorable, noting that whilst there is no set target or rate of expected completion Organisations are asked to achieve a participation level no lower than those from previous Staff Friends and Family Tests. The People Pulse survey reports on a snapshot of colleague engagement at specific times set over the calendar year.

Each Survey focuses on a theme:

- July 2021 – Adequate resources
- January 2022 - Health and Wellbeing
- April 2022 - Rest Areas

1.64 We have participated in a further two People Pulse surveys since the last Board report – January 2022 (19%) and April 2022. Results of January 2022 results were shared across SHSC – 500 people took part. April saw a downturn in participation, 365 (14%) of our workforce took part.

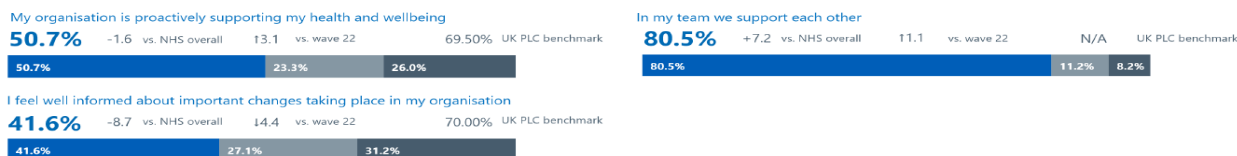
1.65 Overall Staff Engagement Results remain static, and we are above national expectations for participation. However, we closely follow the pattern of movement and note declines. Themes from the People Pulse requiring attention align to the Staff Survey 2021 feedback as noted above. In April, of those taking part, those recommending friends and family for care reported a low level of engagement at 37.9%. This rose from 36.7% in January 2022 People Pulse. We do, however, perform well below the NHS overall result (-17.8% difference). To note, in the NHS 2021 Staff Survey 47% of those taking part said they would recommend friends and family for care. Advocacy remains the biggest challenge in overall engagement with 36.7% of staff saying they would recommend SHSC as a place to work, rising from 34.7% in January's People Pulse.



\* Please refer to the guidance page for the full list of wave dates.  
 \*\* These questions were asked during Wave 9, 13, 16, 22 and 25.

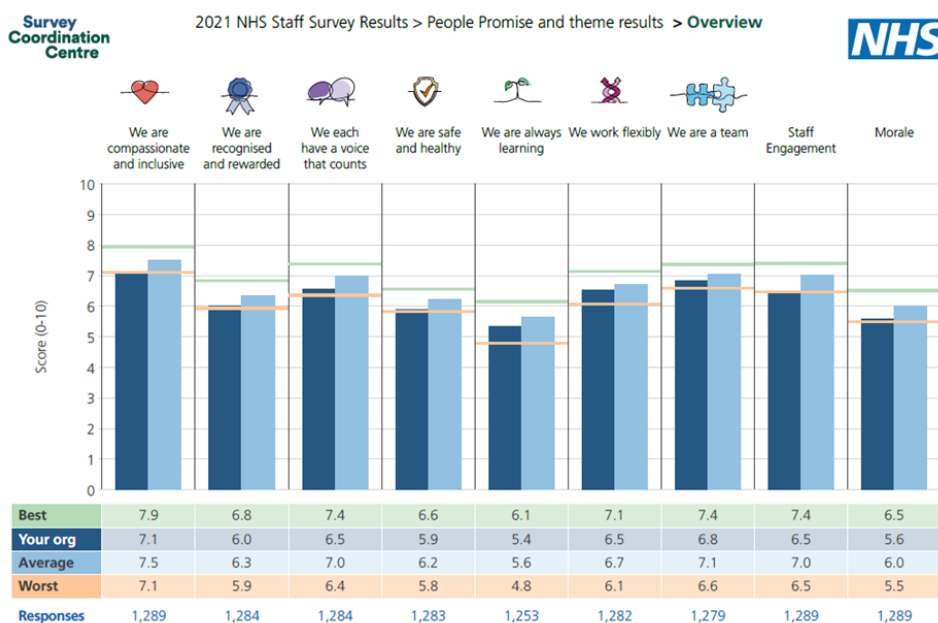
From wave 22 onwards, the scale for engagement score has changed, so no previous comparisons will be available

## Colleague Feedback results April 2022 (wave 25)



1.66 People Pulse feedback is used by leaders and teams to understand 'how engagement is in the current setting' and results support actions and impact assessments for the Staff Survey action planning underway in teams and across SHSC. We continue to work in partnership with colleagues across the organisation and our local ICS to enable positive change for our staff engagement and wellbeing.

## KPIs Staff Survey Comparator Results NHS Staff Survey 2021



## Performance Development Review (PDR)

1.67 We successfully revised the PDR template, documentation and managers' briefings which were all launched for the April – June PDR 2022 focal point window. Initial response has been very positive, and staff have appreciated the space to review their performance and development against the SHSC strategic priorities, our values, sustainability goals and improvement. It will be followed up with an evaluation action plan with a focus on quality of experience. An organisational wide Qualtrics questionnaire will be issued in July supplemented with randomised calls to individuals during July and August. Results will be reported to the OD Assurance Group and will inform a continuous improvement approach to the PDR offer.

## Supervision

1.68 SHSC supervision offer is broken down into the key areas of:

- Clinical
- Management
- Professional
- Safeguarding

Our current SHSC wide compliance is 69.06% for compliance with 8/10 is below our target of 80%. Monthly reporting and tracking by area supports our drive to improve supervision rates and quality.

Following the rewrite of the policy, a group to review quality of experience and recording is being formed.

## Equality, Diversity, and Inclusion

- 1.69 In January 2022 our People Update focused on our organisational **Workforce Equality Objectives** that are framed around the goals of the NHS Equality Delivery System (EDS). In February 2022 we adopted a new updated version of the NHS Equality Delivery System which is being piloted in 22/23 but will be the mandatory format from 23/24 onwards.



- 1.70 The new EDS framework has three Domains: -

**Domain 1** – Focus Commissioned or Provided Services

**Domain 2** – Workforce Health and Wellbeing

For Domains 1 and 2 the focus is on the Equality Act 2010 i.e., Protected Characteristics

**Domain 3** – Inclusive Leadership

- In May the terms of reference of our Inclusion and Equality group were updated to reflect these three domains, this helped to clarify the links between the governance associated with these three areas.
- Our people Strategy Implementation Plan 22/23 was updated to include a section focused on Equality Diversity and Inclusion, and existing action was aligned with the EDS expected outcomes of domain 2 and domain 3 (which is what we need to measure against going forward).

## Our Workforce Objectives Progress January 2022 - June 2022

- 1.71 Our progress report is focused on the five equality Objectives specific to our workforce:



1. Following our organisation's involvement in the Flex for the Future Programme a task and finish group has been convened to deliver the action plan that was drawn up as part of involvement in the programme. Good progress has been made in some areas including progressing the Agile Working Policy, being able to publicise the options available for flexible working for applicants in the Trac system. A Task and Finish Change group is being established to support actions for improving understanding and opportunities for flexible working.

**Looking Forward** - Our Flexible Working Policy is now under review, and this will involve wider consultation on this policy and how it can be modified to support improvements. We also intend to look at flexible working options as part of the focus on reducing agency spend.

2. As previously highlighted, we were successful in October 2021 in a bid for funding from the Workforce Disability Equality Standard (WDES) Innovation Fund. The funding was used to commission the production of a set of digital stories focused on the experience of members of our staff, the digital stories were launched in March 2022 internally and externally. As part of the bid, we have produced a plan of how we intend to embed this resource into training and development. This includes use of the stories in the Developing as Leader's programme.

**Looking Forward** - Our Workforce Disability Equality Standard (WDES) action plan for 21/22 included an intention to focus on improving access to, and knowledge of adjustments associated with disability, and we have just started a focused project looking specifically at the process of accessing practical adjustments.

3. Our Rainbow Staff Network Group continues to grow in membership and the Rainbow Badge training package is becoming increasingly popular. In February 2022 the Staff network Group members delivered four workshops focused on LGBTQ+ equality as part of our celebration of LGBTQ+ History Month. From January onwards we have been responding to the national 'Phase 2 Rainbow Badge' programme, this involved our organisation taking part in three surveys and submitting a range of evidence focused on workforce and our service users.

**Looking Forward** – We are waiting for our Phase 2 report and intend to use this to frame prioritisation of action focused on our services and workforce – this is due in July / August.

4. In May 2022 we introduced a new Standard Operating Procedure for reporting Hate Incidents experienced by staff from service users. This followed piloting in 2021/22. Virtual workshops have been held involving Sheffield City Hate Crime lead. Regular reports have started to be presented on progress to the Inclusion and Equality Group. From April 2022 regular reports on progress to improve our race disparity ratio have also been introduced to the Recruitment and Retention Group. There has been positive collaboration across the People Directorate on recruitment, talent development and improving our disciplinary position.

**Looking Forward** – we are continuing to focus on implementation of effective hate incident reporting and staff support rolling out the Standard Operating Procedure across all of our services. We have included a focus on race in our pilot Leadership Development Program, and we plan to develop this further for the next cohort.

5. Detailed report on reducing our gender pay gap has been provided to Board and therefore, not repeated in this report.

**Looking Forward** – we plan to produce an earlier report on the 2022 gender pay gap to People Committee so that the information in the report is more contemporaneous.

## Enabling Action and Challenges

### Improving Communication

- 1.72 We continue to aim to improve our communication of Equality and Inclusion and have an action plan that is progressing. We are also working closely with our OD and communications colleagues.

### Key Performance Indicators

- 1.73 Using a set of measures aligned with our Equality Objectives we have developed an EDI KPI dashboard, this is in its early stages of implementation, and we plan to develop narrative support for the data included which will be reported through the People Committee.

## Section 2: Risks

To maintain momentum in progress made on staff engagement/staff survey activity, we need to continue to resource this area of work. With one member of the team on a fixed-term secondment and notice periods required for planned new starters to OD Team posts, we are watching this area closely as the 2022 Survey window opens.

## 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.
- 3.5 There is an active presence of engagement activity across every directorate, supported by OD colleagues. Staff Engagement and Experience Steering Group representation widened to increase clinical and support teams across SHSC. Furthermore, staff governors have been invited to participate.
- 3.6 Meetings with Directors on staff engagement activity continue to take place, and Performance Triannual Reviews have begun, continuing in October 2022.
- 3.7 A review of the quality of the PDR experience will be held post-PDR focal window in Autumn 2022.



## 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-19 – Recovering Effectively

Continued support for staff wellbeing to ensure effective recovery, responding compassionately to change for staff including reverting from temporary Covid-19 to standard terms and conditions.

#### 2. CQC – Getting back to Good

Supporting the well – led domains.

#### 3. Transformation - Changing things that will make a difference

Delivery of our 2022/23 People plan and refresh of the People Strategy for March 2023.

#### 4. Partnerships – Working together to have a bigger impact

Working across the Integrated Care System, Health Care Partnership and with NHSEI to deliver our priorities.

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

<b>AIM 2: CREATE A GREAT PLACE TO WORK</b>	<b>STRATEGIC OBJECTIVE:</b> Transformation – Changing things that will make a difference
<b>RISK REF:</b> BAF.0013  <b>RISK CREATED:</b> 07/05/2021 – <i>re-worded June 2022 approved at July People Committee for submission to Audit &amp; Risk Committee and Board</i>	There is a risk that we fail to identify key cultural and work pressures impacting on staff health and wellbeing and delivery of services, leading to ineffective interventions; caused by failure to engage with staff in a meaningful way around concerns raised in the staff and pulse surveys as well as through engagement with, and demonstration of the values; and failure to implement demonstrable changes resulting in low scores on the staff survey (low morale), high sickness absence levels and negative indicators for quality of care.
<b>AIM 2: CREATE A GREAT PLACE TO WORK</b>	<b>STRATEGIC OBJECTIVE:</b> Transformation – Changing things that will make a difference
<b>RISK REF:</b> BAF.0014  <b>RISK CREATED:</b> 07/05/2021 – <i>re-worded June 2022 approved at July People committee for submission to Audit &amp; Risk Committee and Board</i>	There is a risk of failure to undertake effective workforce planning to support recruiting, attracting and retaining staff to meet current and future needs caused by ineffective workforce planning, insufficiently attractive flexible working offer, competition, limited availability through international recruitment, reluctance of staff to remain in the NHS post Covid19, any national ICS requirements resulting in a negative impact on delivery of our strategic and operational objectives and provision of high-quality safe care.
<b>AIM 2: CREATE A GREAT PLACE TO WORK</b>	<b>STRATEGIC OBJECTIVE:</b> Transformation – Changing things that will make a difference
<b>RISK REF:</b> BAF.0020  <b>RISK CREATED:</b> 01/04/2021 <i>re-worded – June - approved at July 2022 People Committee for submission to Audit &amp; Risk Committee and Board</i>	There is a risk of failure to enable a paradigm shift in our culture through delivery of the overarching cultural change programme, caused by a lack of engagement in the wide range of leadership activity and opportunities for development provided, inability to adapt and engage to enable organisational change, resulting in failure to improve the culture of the organisation, ineffective leadership development, application of learning, engagement with our values, emergence of closed subcultures and low staff morale which in turn impacts negatively on service quality and service user feedback.

Please note that the updated BAF risks will be presented to July Board for approval.

## Equalities, Diversity and Inclusion

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

The Equality Diversity and Inclusion group is established and reporting into the People Committee, supporting improved governance.

#### 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 will be completed for the approved business case mandates that are being submitted that support our People Strategy and People delivery plan.

## 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, equality, diversity and inclusion, 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, and the NHS Equality Delivery System. Each of the areas of focus are also priorities at ICS level, and we are working in partnership to address these key areas of activity.

## Financial

### 4.6 There is a financial impact in two key areas of invest to save. These are the Agency reduction project and investment in business partnering support for the management of absence. The detail is set out in the relevant mandates and cost improvements.

## Sustainable development and climate change adaptation

- 4.7 The development of our Agile ways of working and move to a smaller footprint Headquarters will reducing travel and create flexibility for our communities.

Continuing to maximise virtual platforms for selection and assessment in recruitment using MS teams also reduces the need for travel and use of SHSC premises and resources.

We are moving much of our mandatory training to e-learning platforms, reducing the need for on-site training and maximising flexibility and adaptability of delivery.

Our Know Your numbers campaign will promote lifestyle changes, and physical activity as well as supporting the wellbeing of our employees.

We continue to develop the workforce element of the green plan and incorporating this into welcome to SHSC and induction arrangements.

## Compliance - Legal/Regulatory

- 4.8 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (“the 2014 Regulations”) relating to Vaccinations as a Condition of deployment regulations due to come into force on 1/4/2022 were formally withdrawn on the 15th of March 2022.

## Section 5: Appendices

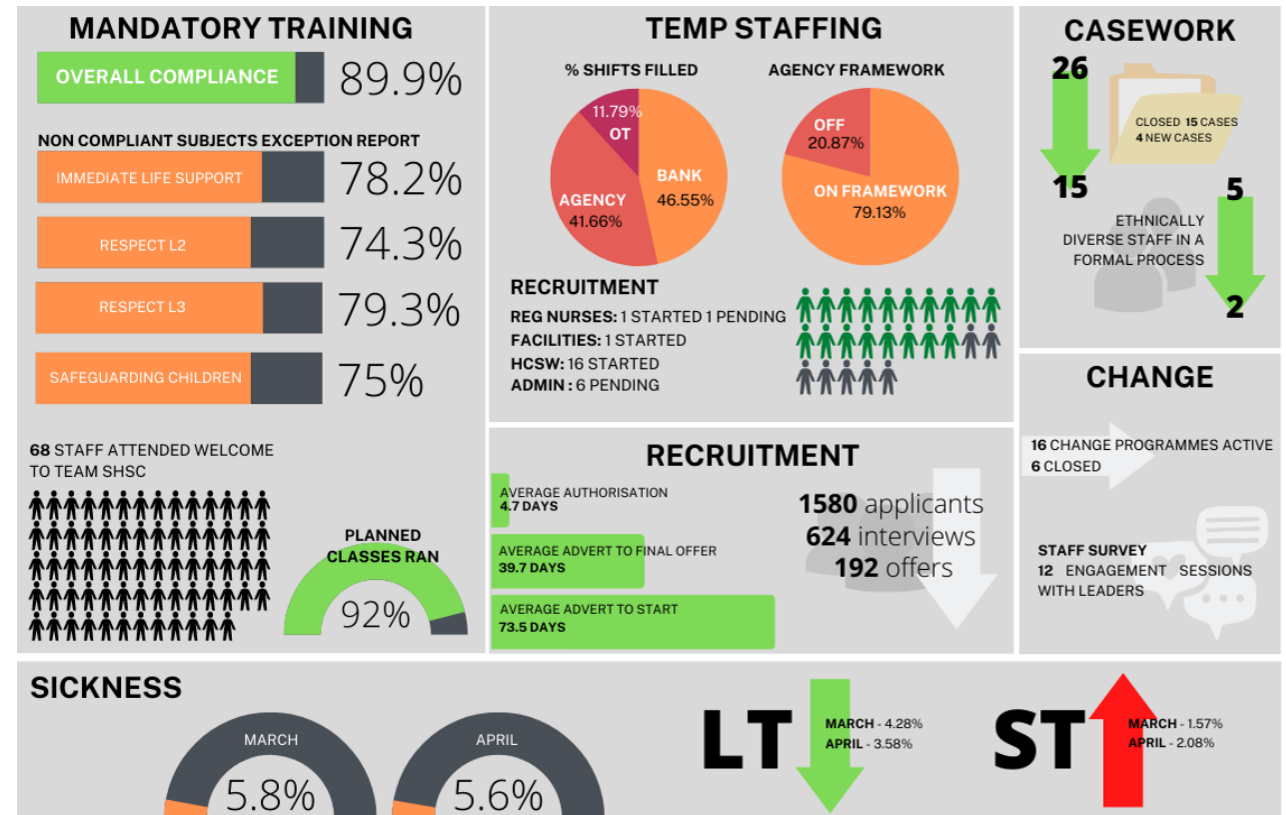
Appendix 1 – People Profile (including absence, turnover, agency usage and recruitment)

# People Report (June 2022 data set)

- Appendix 1

# Dashboard – June 2022

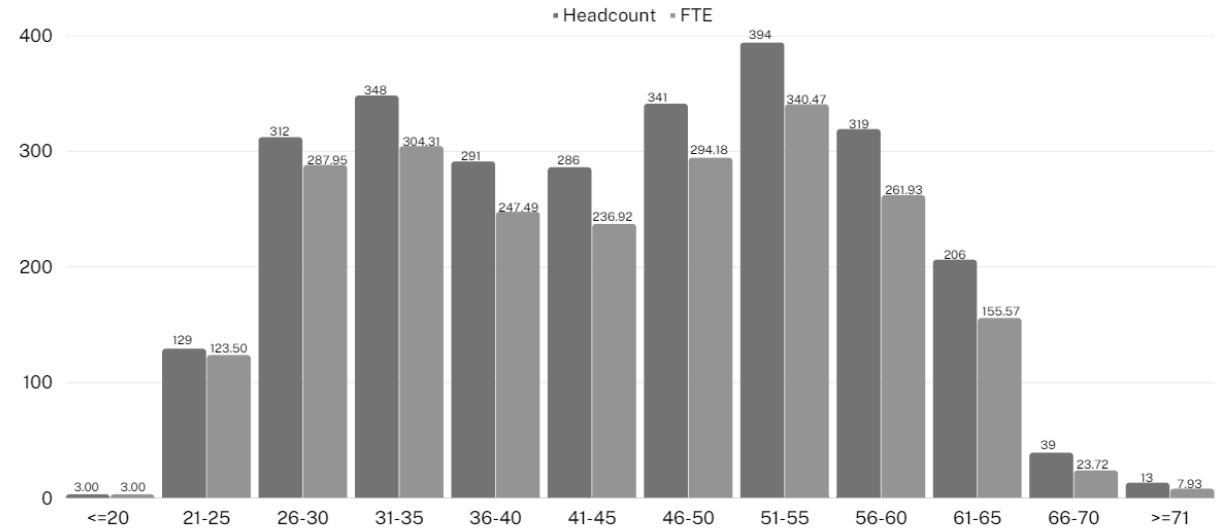
- \*in month and rolling 12 month figures reported for absence. Downward trend since February 2022.



# Headcount

- *\*note slight variance in headcount related to report run dates*
- *Variance in last 6 months 0.016%*

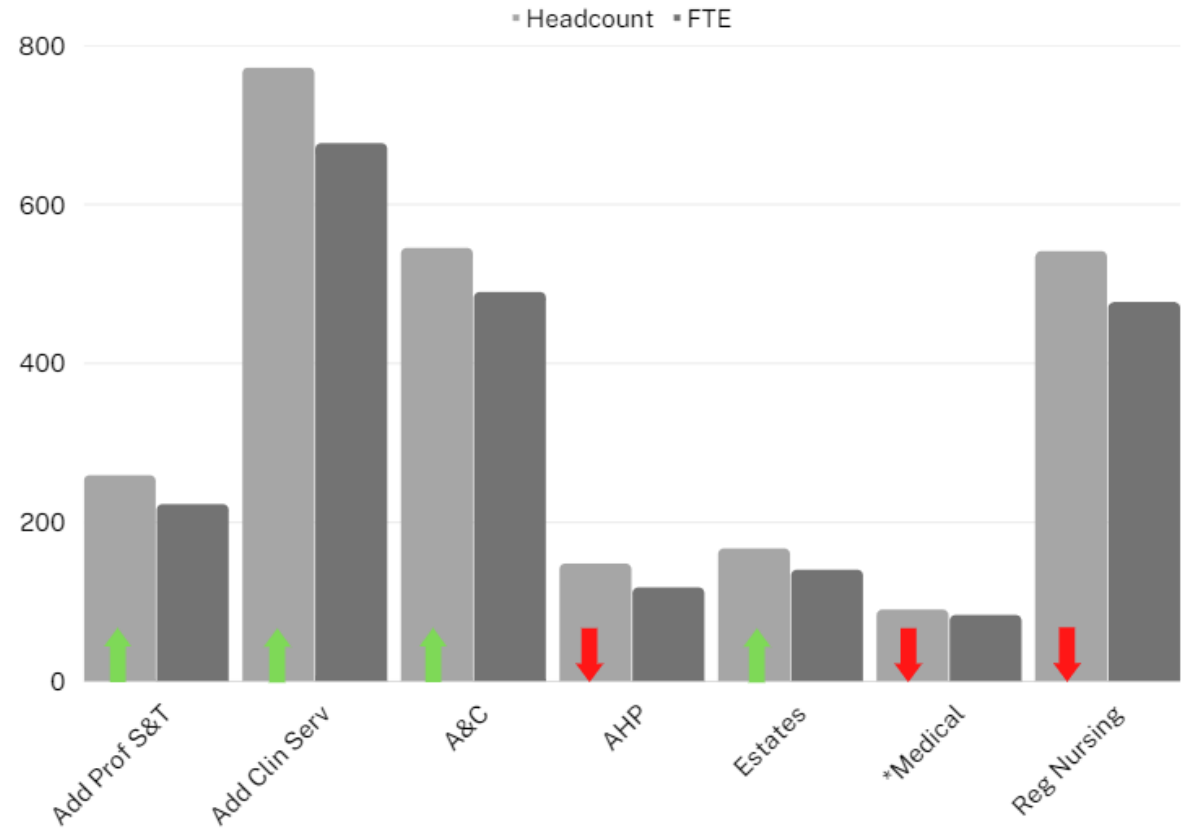
HEADCOUNT VS FTE BY AGE GROUP - JUN 2022



# Headcount by Staff Group

- *\*note slight variance in headcount related to report run dates*
- *Nursing reduction relates to turnover + Vacancy fill and reliance on temporary resource*

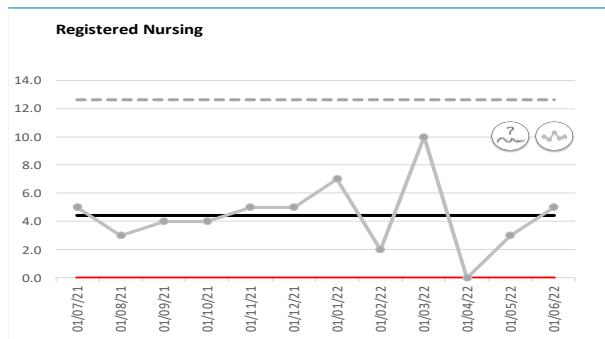
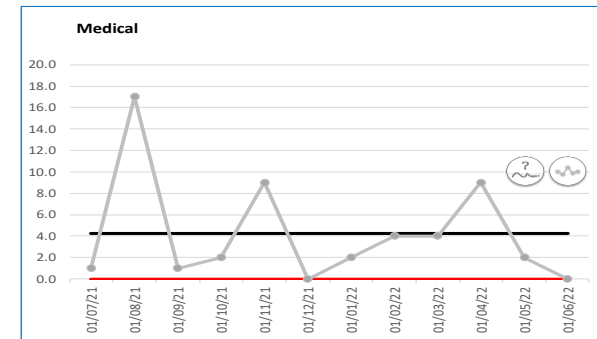
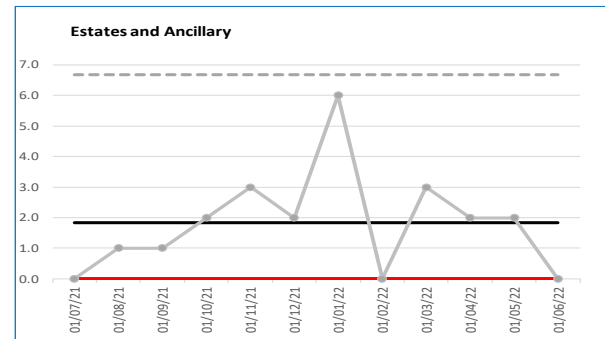
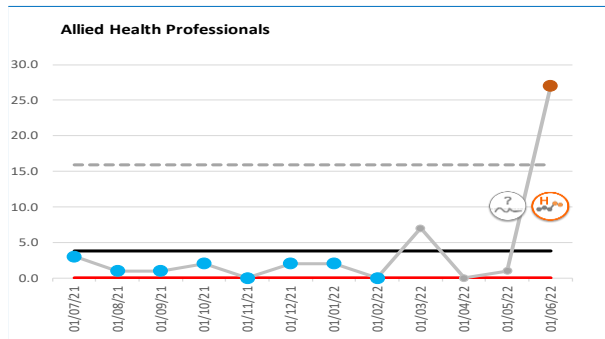
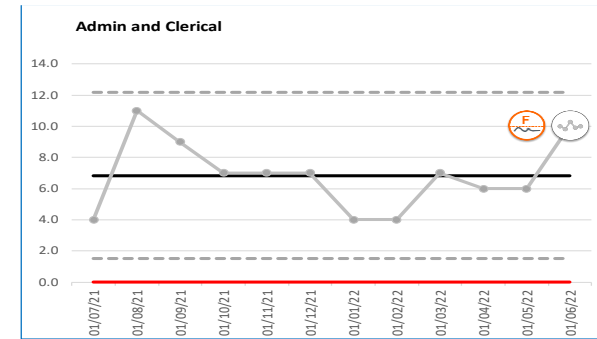
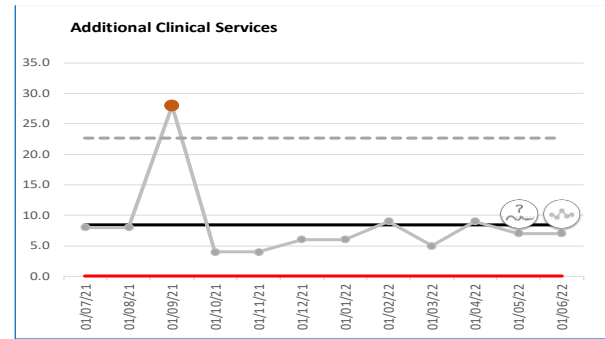
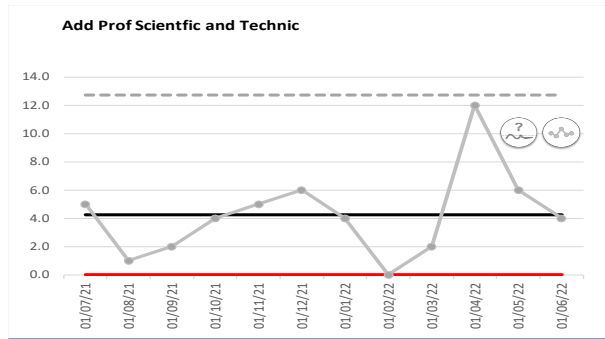
HEADCOUNT VS FTE BY STAFF GROUP - JUNE 2022



HEADCOUNT INDICATORS COMPARE TO DEC 2021 DATA

\*MEDICAL CHANGES IN HEADCOUNT EXCLUDES LEAVING REASONS FTC AND EMPLOYEE TRANSFER

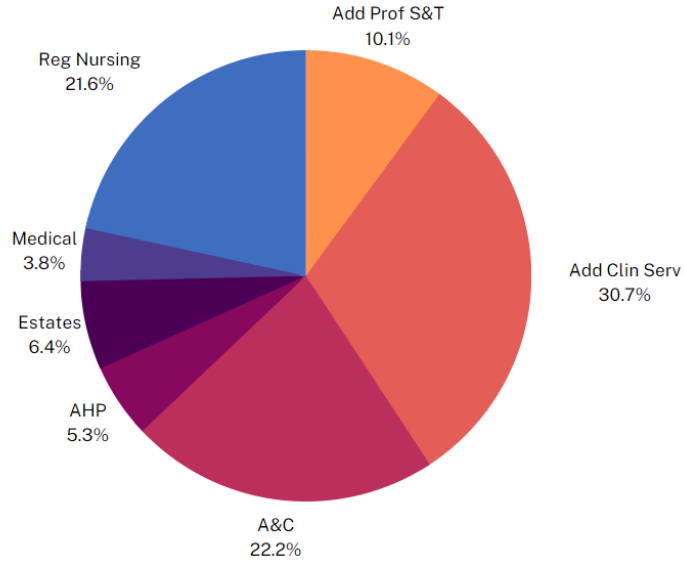
# Leavers by Staff Group – Jul. 21 – Jun. 22



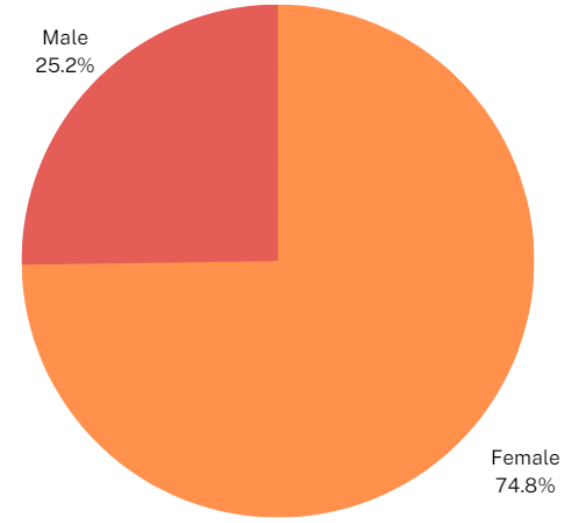
**\* Additional Clinical services includes all staff HCSW. Significant increases in leavers for HCSW at the end of the summer 2021 and for nurses in March 2022, for both staff groups leaves reducing to near the baseline.**



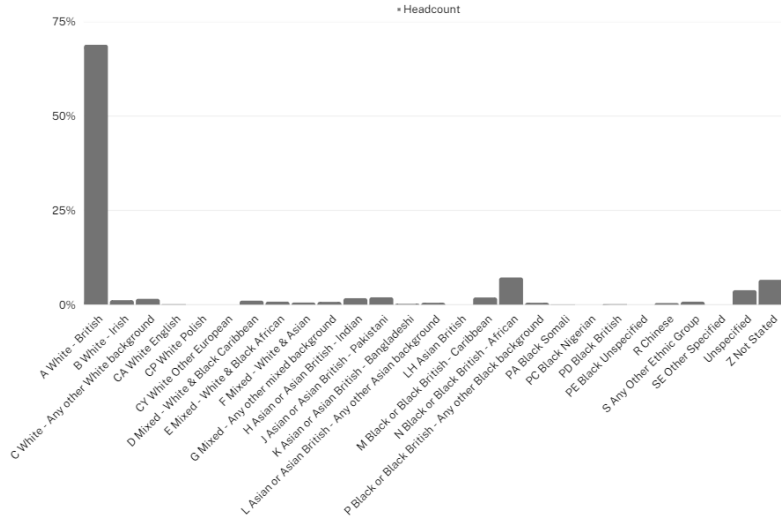
FTE BY STAFF GROUP JUNE 2022



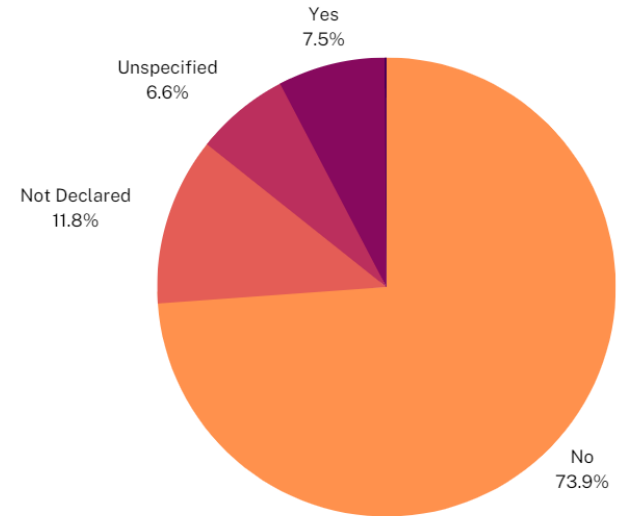
HEADCOUNT - % GENDER- JUNE 2022



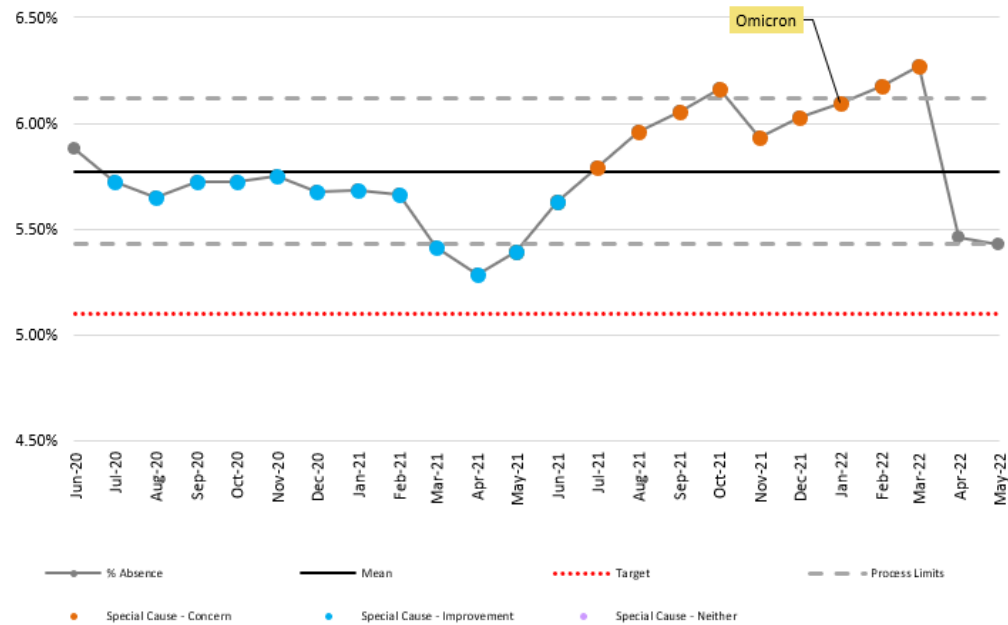
HEADCOUNT - % ETHNICITY- JUNE 2022



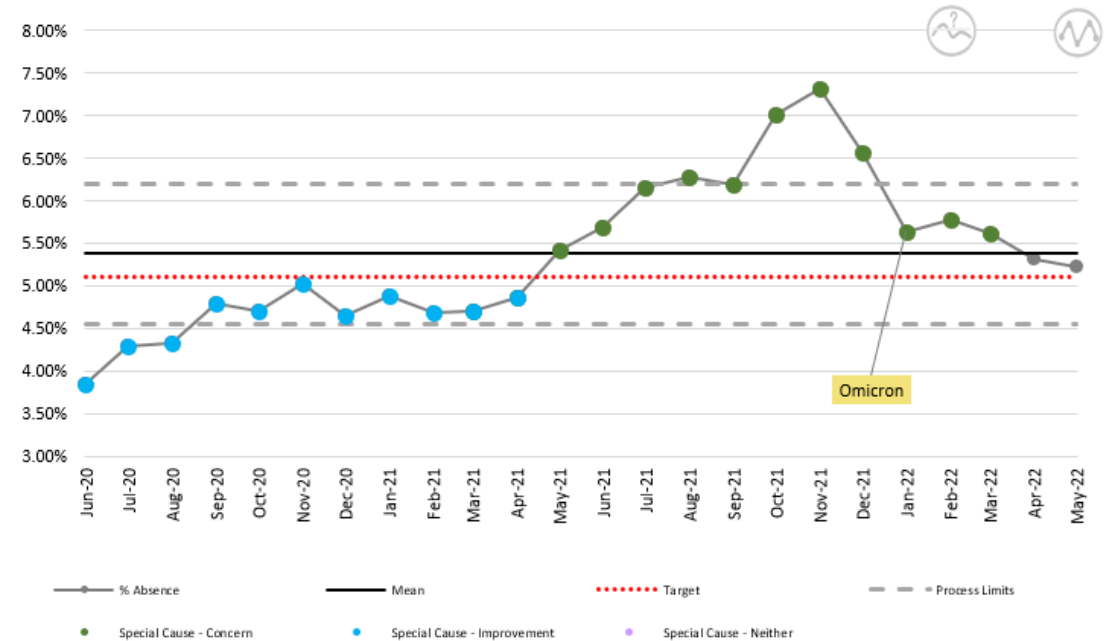
HEADCOUNT - % DISABILITY- JUNE 2022



## % SICKNESS ABSENCE RATE (12M ROLLING) - TRUSTWIDE



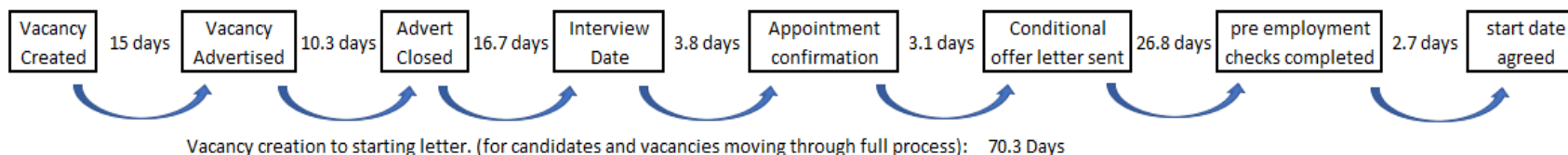
## % SICKNESS ABSENCE RATE (IN MONTH) - TRUSTWIDE



In month indicates more clearly the peak of Omicron, the rolling 12 month helps us identify seasonal comparisons and indicates an overall improvement in absence rates in the last 12 months.



### SHSC Time to Hire Jan-June 2022



# Recruitment Tracking

Period	Vacancies	Posts	Applications	Interviews	Conditional Offers	Start dates confirmed
July-Dec 2021	546	1104	2661	867	252	123
Jan – June 2022	280	358	3921	1317	455	326

- A significant shift in our pattern of recruitment in the last 6 months indicates greater efficiency and success rates with less posts being advertised , higher applications and a higher ratio of offers from each advertisement.
- Our Recruitment improvement plan will address identified bottle necks in our process. Focusing on the pre-employment checking processes. There has been little shift in the time to hire, although a significant increase in offers and appointments.

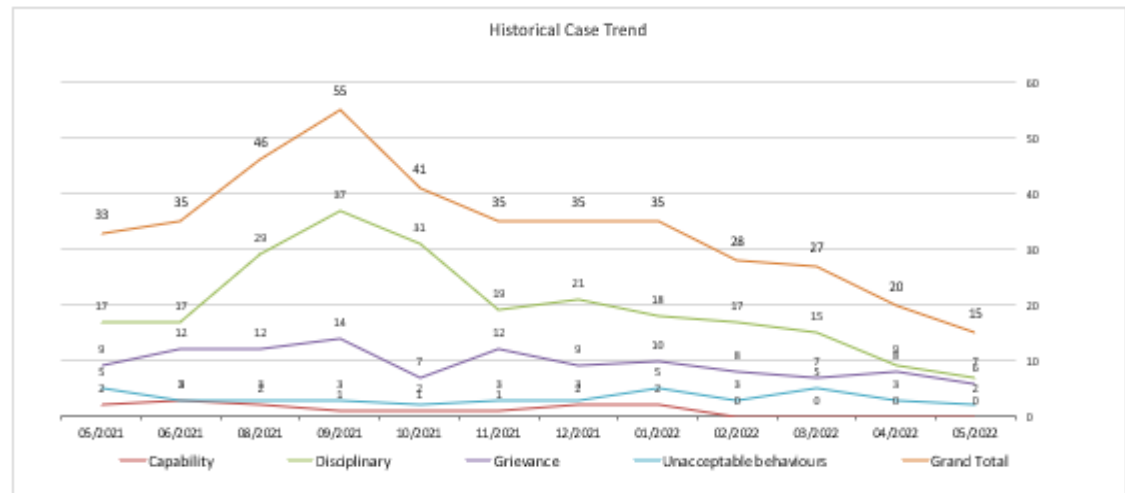
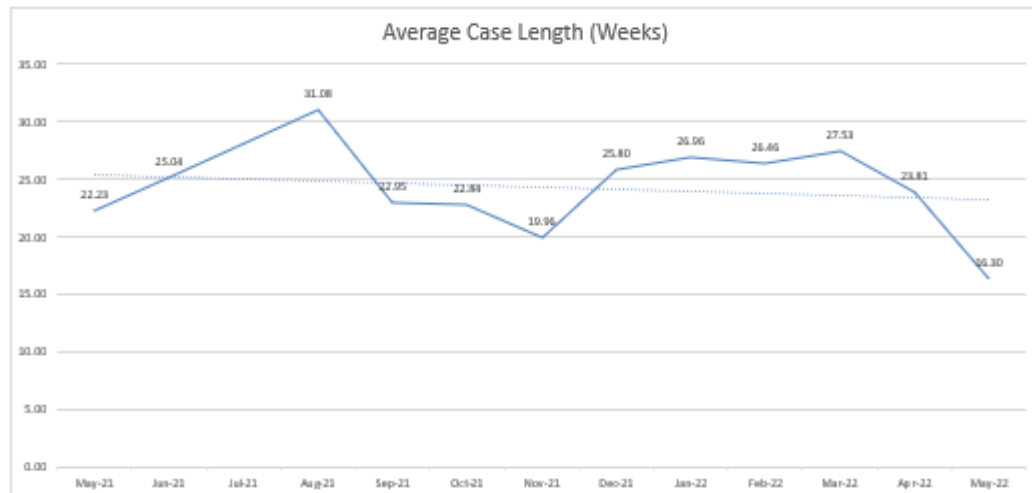
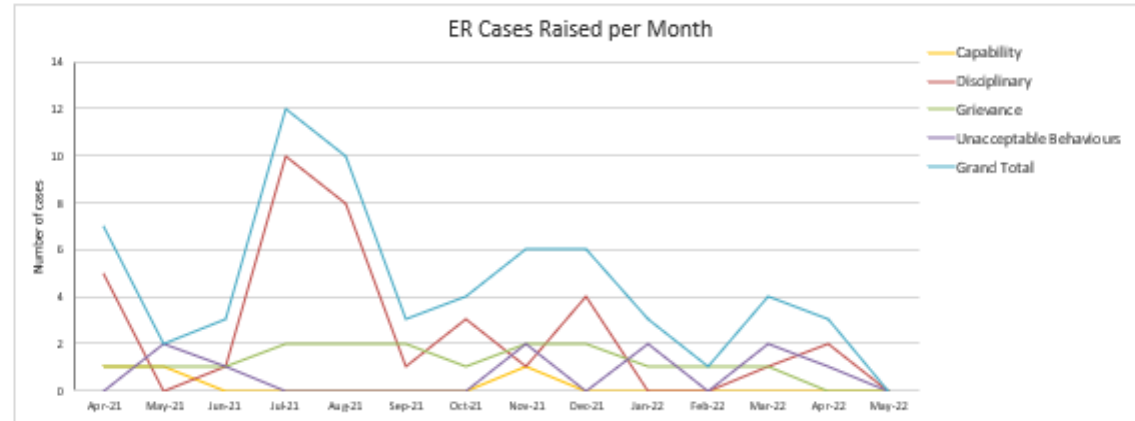
SHSC HR Employee Relations Casework Dashboard  
26/05/2022

**Total Cases**

Policy Area	Fact-find	Hearing	Investigation	Stage 1	Grand Total
Disciplinary	2	2	3		7
Grievance	1			5	6
Unacceptable behaviours	2				2
<b>Grand Total</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>15</b>

Trust Area	
Community & Acute	3
Rehabilitation & Speciali	4
Corporate	2
<b>Grand Total</b>	<b>15</b>

<b>Total Suspensions</b>	<b>1</b>
--------------------------	----------



**Average Number of Weeks Case Open**

Policy Area	May-21	Jun-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Current v 22 week target
Disciplinary	22.68	28.25	36.14	25.19	24.40	22.99	27	31.52	29.17	35.69	30.67	22.53	102%
Grievance	26.41	26.86	27.18	16.38	15.46	12.06	15	15.33	22.94	21.14	21.32	16.23	74%
Unacceptable behaviours	1.79	7.76	11.50	15.76	19.79	26.86	23	23	13.81	12	9.86	10.14	46%
Disciplinary Appeal					3.29	7.86							0%
Grievance Appeal					13.64	14.38	25.5	25.5	36				0%
Capability					54.29	31.29	38.5	38.57					0%
<b>Grand Total</b>	<b>22.23</b>	<b>25.04</b>	<b>31.08</b>	<b>22.95</b>	<b>22.84</b>	<b>19.96</b>	<b>25.80</b>	<b>26.36</b>	<b>26.46</b>	<b>27.53</b>	<b>23.81</b>	<b>16.30</b>	<b>74%</b>