

CHAIRMAN'S SUMMARY REPORT

Name of Committee/Group:	<u>HR Sub Committee</u>	
Report From:	Director of HR	
Date:	22 nd July 2013	
Action Required by receiving committee/group:	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Decision <input type="checkbox"/> Other	
Aims of Committee: Bullet point aims of the reporting committee (from Terms of Reference)	<p>1.0 Strategic Direction</p> <p>1.1 To consider the Trust strategic objectives, national HR strategies, employment legislation and local initiatives and assess their impact on the Trust, and develop plans to achieve implementation of the same.</p> <p>1.2 To monitor and report on implementation and effectiveness and progress of national and local strategies.</p> <p>1.3 To consider the development, and its on-going implementation of a HR workforce Strategy that fits with the Trust's organisational needs and direction.</p> <p>1.4 Policy Development: to identify need for development and/or revision of HR Policies and procedures to serve operational service activities, prior to submission to either Trust Board or JNC as appropriate.</p> <p>2.0 Performance Management</p> <p>2.1 To review and monitor the implementation of HR Strategy.</p> <p>2.2 To review and monitor across the Trust using HR key performance indicators such as;</p>	
Drivers: Are there any links with Care Quality Commission/Health & Safety/NHSLA/Trust Policy/Patient Experience etc.		
Main Discussion/Action Points: Bullet point the main areas of discussion held at the committee/group meeting which need to be highlighted	<ol style="list-style-type: none"> 1. Update from Director of HR 2. Update & Progress of HR Strategy Workstreams & KPIs 3. Update & Progress of Education & Training Strategy Workstreams & KPIs 4. Update & Progress of Occupational Health & Wellbeing Strategy Workstreams & KPIs 5. Progress Report – health & wellbeing strategy 6. Update on Medical Staffing Project 7. Update on Employment Law Changes 8. HR Policies: HR41 Stress Policy & HR11 Protection of Pay & Conditions of Service Policy 	
Risks Identified: Include Risk Grade (categorisation matrix/Datix number)		

Minutes of the HR Sub Committee

Date 25th June 2013

Venue Room 4, WMI

Time 9:30am

Present:	Name	Role
	Mary Brassington (MB)	Head of Occupational Health & Wellbeing
	Lisa Dickens (LD)	Head of HR Shared Services (Maternity Cover)
	Denise Harnin (DH) Chair	Director of HR
	Louise Nickell (LN)	Head of Education & Training
	Diane Pugh (DP)	Deputy Director of HR
	Julie Shillingford (JS)	Head of HR Advisory Services
In Attendance:	Name	Role
	Dean Gritton (DG)	Directorate Manager, Division 2
	Maria Dent (MD)	Secretary
Apologies:	Name	Role
	Rose Baker (RB)	Chief Nurse
	Caroline Marshall (CM)	Deputy Director of HR
	Gwen Nuttall (GN)	Chief Operating Officer
	Tim Powell (TP)	Deputy Chief Operating Officer
	Jeremy Vanes (JV)	Non-Executive

Item No.	Action
1.	Apologies for Absence As noted above.
2.	Minutes of the Previous Meeting dated 19th March 2013 The minutes were agreed as a true record.
3.	Matters Arising from the Last Meeting No issues raised.
4.	Monthly Update/Reporting:
4.1	HR Director's Update DH informed that: <ul style="list-style-type: none"> • The Trust Three had appointed three new Non-executives. • Implementation of National Pay Deal – a report is required on how the Trust will

Item No.		Action
	implement the national pay deal; LD stated that the pay progression policy is in the initial stages of review and these requirements have been included within the policy. DH requested that the policy is presented to TMT in September.	CM/LD
4.2	Update & Progress of HR Strategy Workstreams & KPIs	
4.2.1	<p>HR Advisory Services JS presented the HR Advisory Services report for the period March-May 2013; specifically highlighting:-</p> <ul style="list-style-type: none"> • Division 1 - T&O – still some concerns around patient feedback, staffing levels and skill mix; work continues to address. • Division 1 – Special Healthcare Dental services HR framework, process completed with only 2 compulsory redundancies. • Division 2 – the consultation has now closed for the Pharmacy HR Framework around weekend working. • Corporate Services, IT staff based at Coniston had to vacate their premises at Coniston at short notice and have relocated to St John’s House in the city centre. Staff have raised some concerns around car parking and security. • Corporate Services – E&F – the recently appointed candidate for the Head of Estates post has withdrawn prior to starting at the Trust; G Argent now looking at other options for the department. 	
4.2.2	<p>HR Shared Services LD presented the HR Shared Services report for the period April – June 2013, to note:-</p> <ul style="list-style-type: none"> • Upward trend seen in vacancies across the whole Trust (Medical and Nursing), the majority due to new posts, ie growth, although turnover has also slightly increased. • Nursing vacancies peaked during the quarter at 141, again due to new vacancies, extra capacity requirements, however this figure has reduced to 93.38 following the recent successful open day and continued recruitment drives. DH requested LD to also provide the figures for the core vacancy position. • Medical staffing - small gaps in August intake of 4/5 posts; DP stated in her report the breakdown provided shows that these gaps are spread across specialties, no hotspots. • Nurse Bank – seeing significant increase in shift demand, mainly due to high vacancies and extra capacity as mentioned earlier, also leave cover and sickness absence. • Disclosure and Barring service update – a new single certificate scheme now in place which means that the DBS will not issue certificates to employers, only to candidates, so it is up to the candidate to provide, there is some concern as this may delay the recruitment process. This has been communicated across the Trust to Senior Managers and to all new candidates. DH queried on the plans to ensure that this is monitored to ensure compliance; LD informed that following an internal audit on the recruitment process, this has come out as one of the actions and will be followed up. DP stated that to ensure robust compliance, she requested LD and/or G Walker to meet directly with all Managers in 	LD

Item No.		Action
	decentralised areas to ensure robustness in the communication of this process; LD agreed to follow up with G Walker.	LD/GW LD
4.3	<p>Update & Progress of Education & Training Strategy Workstreams & KPIs</p> <p>LN presented the report; key issues to note:-</p> <ul style="list-style-type: none"> • GMC survey has come out, no areas of major concern. The Trust receives early notification of any patient safety concerns raised through the GMC survey patient feedback process and there are none reported this year. • A risk has been raised around the funding for the Learning Beyond Registration Funding and Sponsored Student and Second Registration money as the LETBs have not issued any funding or information. Other Trust's in the region have also raised a risk on this. • The GMC survey will have a direct impact on NHSLA assessment of supervision of medical staff in training, which is one of the criteria, results due out at the end of June but not anticipating any issues. • An Undergraduate monitoring visit is scheduled for November 2013; this is on a five yearly cycle. • The Unemployed Work Experience project is recommencing in the Trust again, to date there are 39 offers of placements with the first cohort due to start on the 29th July. 	
4.4	<p>Update & Progress of Occupational Health & Wellbeing Strategy Workstreams & KPIs</p> <p>MB presented the report; key issues to note:-</p> <ul style="list-style-type: none"> • The department received SEQOHS accreditation at the end of May 2013. • Stress related referrals remains at the ration of 60% personal, 40% work related issues. • Two new staff members appointed to the department, one nurse to support the University contract and a co-ordinator to support the sickness absence management project. • Measles screening - 333 staff to be screened, 243 within the Acute, 90 within the community. • Included for information, a copy of the questionnaire for the audit by the Royal College of Physicians on how the Trust is developing wellbeing and including NICE guidance. 	
4.4.1	<p>NHSLA Monitoring Report – HR41 Stress Policy</p> <p>Update report, one risk to note in the action plan, the Departmental Stress Risk assessments should be presented to this committee via Governance, DP and MB had recently met with colleagues in H&S to agree this.</p> <p>DP confirmed that she had requested the compliance broken down by Divisions across the Trust in terms of stress audits to be reported on a quarterly basis and for a full analysis of that information to be included in the Annual Stress report, which is due to the July meeting to meet NHSLA compliance.</p>	DP
4.4.2	<p>NHSLA Monitoring Report – HS03 Sharps Management Policy</p> <p>Update report presented for information.</p>	

Item No.		Action
5.	<p>Progress Report – Health & Wellbeing Strategy</p> <p>MB presented the latest update report on the 5 year plan of the Health & Wellbeing Strategy. The majority of proposed actions were going to plan, to note: -</p> <ul style="list-style-type: none"> one of the recommendations from the Boorman report was around health and wellbeing being part of the organisational performance and appraisals for Managers and MB was unsure whether this has been taken forward. DP stated that this has not yet been covered, however, Carol Hunt from the NHS Employers, will be visiting the Trust to meet on sickness absence and health & wellbeing on the 21st July and so this will be an opportunity to look at this further to see how this can be addressed. Another action from Boorman report is around an assessment on key health priorities and this will be covered off by the audit as mentioned above. 	
6.	<p>Medical Staffing Project</p> <p>DP presented the report on the Medical Staffing Project, key issues to note:-</p> <p>The Team have been working on reaching the target set to increase the locum bank for Doctors at 50% and have looked at introducing new systems. A texting service has been introduced for better communication with the doctors. Last month the bank provided 49.82% shift cover.</p> <p>With the August intake imminent, the team are already working with the current doctors to see who can be maintained on the bank and working on a plan to recruit the new doctors to the bank.</p> <p>The main reason for booking is to support the extra capacity requirements. The principles for booking are continually being reviewed and tightened up so the processes are robust.</p> <p>The team have been working with an external company, 3 Blue Dots, which has provided a better system for managing the bank service, however, there are some issues when we have to bring agency staff in and the reporting methodology is not as proficient in providing the information required, time has to be spent each month on manually uploading information. The contract with 3 Blue Dots has been extended for a further 3 months as the company continues to work with the teams to develop the programme. However, the team are also linking in with the HTE process so a preferred supplier arrangement can be set up that will not limit our ability to cover the shifts with the agencies. A number of companies now have their own IT systems linked in, so we may find a more suitable company who will provide the systems to support free of charge together with a better reporting methodology. The team are working with the Procurement department on this and further update will be reported once details firmed up. DH requested a separate meeting with DP, LD and G Walker once process agreed.</p> <p>DH stated that the team also need to consider looking at and developing an alternative medical model for the future, such as a scheme to over recruit a group of middle grade doctors. DP agreed, and stated that initially, Dr S Kapadia had led a project on this and had introduced shadow rostering. Unfortunately the project has stalled, but a meeting has been rescheduled on this.</p> <p>There is a focus within the Organisation to increase the bank rate as other Trusts are paying a higher rate; therefore, G Walker is currently undertaking a review of local rates. DH stated that any increase in rates will need authorisation by COO, Director of Finance and Director of HR.</p>	<p>DH/DP/ LD/ GW</p>

Item No.		Action
7	<p>Employment Law Changes Update DP advised on recent changes:-</p> <ul style="list-style-type: none"> Whistleblowing - changes on technicality and legalities came into force on 25th June 2013. HR Framework to be reviewed in terms of collective consultation as there has been a decrease from 90 days to 45 days with effect from the 6th April. Changes to the Tribunal procedures come into effect on 29th July which is around the preparation work required. 	
8.	<p>HR Policies Development/Update:</p>	
8.1	<p>Disciplinary Policy DP stated that the debate on this policy has been delayed due to other pressures within the department therefore, the proposal is to continue with the same model of investigation currently run but to include a transition of fast-track into the policy. To be brought to September WAG.</p>	<p>Agenda: Sept 2013</p>
8.2	<p>HR41 Stress Policy Update MB advised that there are minor amendments to the policy which reflect the change to this meeting group name (from HR Sub Committee to Workforce Assurance Group) and to note that reporting will be given on a quarterly basis.</p> <p>Amendments noted.</p>	<p>JNC/TMT</p>
8.3	<p>HR11 Protection of Pay and Conditions of Service JS informed that the policy has undergone routine review with minimum changes to the policy.</p> <p>Amendments noted and approved.</p>	<p>JNC/TMT</p>
9.	<p>Any Other Business</p>	
9.1	<p>DNA Charges for Manual Handling & Occupational Health Services LN advised that charges for DNA (did not attend) for manual handling and occupational health appointments, where there is a direct cost, will, as agreed, be implemented from July 2013. These are for appointments that are directly from management referrals.</p>	
9.2	<p>Deanery – A&E Trainees The Deanery had advised that there were four extra middle level trainees available for A&E, the Trust has put in an expression of interest to have one or all of those trainees. There is 50% funding from the Deanery, the other 50% to be funded by the Trust.</p>	
9.3	<p>Opticians on Site MB & DP due to meet with colleagues from the Procurement Department regarding the possible provision of an external optician coming on site to provide services to staff and public; further information to be provided.</p>	<p>MB/DP</p>
9.4	<p>Next Workforce Assurance Meeting – 23rd July 2013 DP emphasised the importance of the additional scheduled meeting in July in order to review and assess documentation required to meet NHSLA requirements.</p>	

Item No.		Action
10.	Date & Time of the Next meeting 9:30am, 23 rd July 2013 – Conference Room	

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