

**CHAIRMAN'S SUMMARY REPORT**

<b>Name of Committee/Group:</b>	<b><u>HR Sub Committee</u></b>	
<b>Report From:</b>	<b>Director of HR</b>	
<b>Date:</b>	<b>22<sup>nd</sup> April 2013</b>	
<b>Action Required by receiving committee/group:</b>	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Decision <input type="checkbox"/> Other	
<b>Aims of Committee:</b> Bullet point aims of the reporting committee (from Terms of Reference)	<p><b>1.0 Strategic Direction</b></p> <p><b>1.1</b> 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><b>1.2</b> To monitor and report on implementation and effectiveness and progress of national and local strategies.</p> <p><b>1.3</b> 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><b>1.4</b> 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><b>2.0 <u>Performance Management</u></b></p> <p><b>2.1</b> To review and monitor the implementation of HR Strategy.</p> <p><b>2.2</b> To review and monitor across the Trust using HR key performance indicators such as;</p>	
<b>Drivers:</b> Are there any links with Care Quality Commission/Health & Safety/NHSLA/Trust Policy/Patient Experience etc.		
<b>Main Discussion/Action Points:</b> Bullet point the main areas of discussion held at the committee/group meeting which need to be highlighted	<ol style="list-style-type: none"> <li>1. Update from Divisions, Occupational Health &amp; Wellbeing and Education and Training reported and noted.</li> <li>2. Report on results from National Staff Survey 2012</li> <li>3. Update report on the OD &amp; E&amp;T Strategy Implementation Action Plan</li> <li>4. Review of Policies; HR06 Grievance Policy</li> <li>5. Update on NHSLA Monitoring Reports on Audit Action Plans:-           <ol style="list-style-type: none"> <li>a. HR41 Stress Policy</li> <li>b. HR04 Engagement of Temporary Workers Policy</li> </ol> </li> </ol>	
<b>Risks Identified:</b>		
<b>Include Risk Grade (categorisation matrix/Datix number)</b>		

## Minutes of the HR Sub-Committee

**Date** 19<sup>th</sup> March 2013  
**Venue** Ophthalmology Board Room  
**Time** 9:30am

<b>Present:</b>	<b>Name</b>	<b>Role</b>
	Mary Brassington (MB)	Head of Occupational Health & Wellbeing
	Lisa Dickens (LD)	Head of HR Shared Services (Maternity Cover)
	Kerry Evans (KE)	Divisional HR Manager
	Michelle Fish (MF)	Divisional HR Manager
	Denise Harnin (DH) Chair	Director of HR
	Louise Nickell (LN)	Head of Education & Training
	Nick Price (NP)	Divisional HR Manager
	Julie Shillingford (JS)	Head of HR Advisory Services
	Gemma Smallwood (GS)	HR Manager - Resourcing
	Jeremy Vanes (JV)	Non-Executive
<b>In Attendance:</b>	<b>Name</b>	<b>Role</b>
	Maria Dent (MD)	Secretary
<b>Apologies:</b>	<b>Name</b>	<b>Role</b>
	G Argent (GA)	Divisional Manager Estates & Facilities
	Lewis Grant (LG)	Deputy Chief Operating Officer
	Caroline Marshall (CM)	Deputy Director of HR
	Tim Powell (TP)	Deputy Chief Operating Officer
	M Simcock (MS)	Health Safety & Improvement Co-ordinator
	Diane Wilding (DW)	Deputy Director of HR

<b>Item No.</b>		<b>Action</b>
1.	<p><b>Apologies for Absence</b> As noted above.</p> <p>DH introduced Lisa Dickens who is covering for Hannah Reade (HER) whilst she is on maternity leave.</p>	
2.	<p><b>Minutes of the Previous Meeting dated 29<sup>th</sup> January 2013</b> The minutes were agreed as a true record.</p>	
3.	<p><b>Matters Arising from the Last Meeting</b> All actions reviewed, to note:</p>	

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3.1	Agenda Item: 3.3 Unemployment Work Placement Scheme - DH stated that she had put forward a development bid for ongoing funding for the work experience placement scheme in order to run during this year; awaiting outcome.	
3.2	Agenda Item: 3.5 Terms of Reference – DH stated that the revised Terms of Reference had been signed off by the group at the previous meeting; however, feedback has now been received from the PWC Governance Review and the TORs will need to be revisited and reviewed in alignment of the outcomes from this.	DH/CM
3.3	Agenda Item: 6 HR Strategy – DH commented that the HR Strategy will require review and rewritten as part of the renewed FT application and also to take into account the emerging agenda following the Mid Staffs Review.	DH
3.4	Agenda Item: 7 Medical Staffing Project Update - DH confirmed that HER had submitted a report on hiring locum doctors through their own limited companies on a Trust SLA. DH stated that this had been discussed by Directors; the process was brought into place by the previous COO and it had been agreed that no Directorates were exempt from the agreed process. Should Directorates wish to change the process, they will need to advise formerly, therefore, the current and agreed process stands.	
3.5	Item 8.2 – HR27 Consultant & Medical Staff Study and Professional Leave Policy – DH reported that the policy had been signed off at the LNC Meeting on 15 <sup>th</sup> March	TMT
4.	<b>Monthly Update/Reporting:</b>	
4.1	<b>HR Directors Report</b>	
4.1.1	<p><b>Agenda For Change (AfC) – Pay Negotiations</b></p> <p>DH informed that the proposals to changes to the Agenda for Change terms and conditions had been agreed nationally. The Trust will now need to issue instructions to Managers and staff to advise of these changes.</p> <ul style="list-style-type: none"> <li>• Changes to the appraisal processes will commence this year with enablers introduced to withhold the increment of payment progression, however, it should be noted that the majority of staff at RWT are already at the top of their pay bands.</li> <li>• Changes to the sick leave payments will be incorporated into the policy accordingly</li> </ul>	
4.1.2	<b>Junior Doctors Contract and Clinical Excellence Awards (CEAs)</b> – DH stated that Heads of Terms have now been agreed to start negotiations around the above subjects with implementation planned from April 2014	
4.2	<p><b>Update Report for Division 1 - Surgery:</b></p> <p>KE provided an update on key points :-</p> <ul style="list-style-type: none"> <li>• Sickness absence compliance was 3.75% for February; lower than the previous year's figure and believed this has been achieved by robust management of the policy together with HR support at sickness absence workshops.</li> <li>• Mandatory Training – local induction continues as a challenge; it should be noted that there is a lower attendance during February for training,</li> </ul>	

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	<p>which is expected due to the current pressures.</p> <ul style="list-style-type: none"> <li>• Dental Services – HR Framework ongoing. The staff consultation closes w/c 25<sup>th</sup> March, interviews with staff scheduled.</li> <li>• Vascular Ward – HR framework ongoing around the closure of the vascular ward; confident that ward staff will be redeployed across the Trust</li> </ul>	
<p><b>4.3</b></p>	<p><b>Update Report for Division 2 – Medicine and Community:</b> MF provided an update on the key points:</p> <ul style="list-style-type: none"> <li>• Sickness Absence reported at 3.66%, lowest for the Division since 2009, brought about by continued work on implementing and managing staff on the policy.</li> <li>• GEM Centre – HR Framework – new structure now in place with 7 staff displaced; 2 staff have resigned, 3 have been redeployed and 2 are on the register.</li> <li>• Pharmacy – no further progress on framework to introduce 24/7 working.</li> </ul> <p>DH commented that the key to continued improvement in the sickness absence rates was around management action.</p>	
<p><b>4.4</b></p>	<p><b>Update Report for Estates &amp; Facilities</b> NP provided an update on the key points for the Estates &amp; Facilities Department:-</p> <ul style="list-style-type: none"> <li>• Sickness Absence at 4.05%, which is an improvement on the same time last year.</li> <li>• Mandatory Training is overall in the green, although local induction requires further improvement.</li> <li>• The Transfer of PCT estate goes ahead on the 1<sup>st</sup> April, but no staff affected by TUPE.</li> <li>• Casework – number of cases peaked but being managed accordingly</li> </ul>	
<p><b>4.5</b></p>	<p><b>Update Report for Corporate Services</b> NP provided an update on the key points for the Corporate Services:</p> <ul style="list-style-type: none"> <li>• Sickness stands at 3.18%, again figure lower than reported on for same time last year.</li> <li>• Mandatory Training – compliance improving overall.</li> <li>• Casework – again increase seen across the Division; but being managed accordingly</li> </ul>	
<p><b>4.6</b></p>	<p><b>Occupational Health Report</b> MB provided a brief update for Occupation Health &amp; Wellbeing:</p>	

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	<ul style="list-style-type: none"> <li>• Stress Referrals – no change to the determinations of stress referrals across the Trust.</li> <li>• New Contract for Wolverhampton University – adverts now out for a new OH nurse to support the additional work.</li> <li>• SEQOHS visit scheduled for 29<sup>th</sup> April 2013; information has been provided in support of application.</li> <li>• Health Surveillance programme continues; environmental monitoring initiatives now carried out and audiometry testing now included in screening programme.</li> <li>• Sharps Incident Reporting – full quarterly report due at end of March in alignment with NHSLA monitoring requirements.</li> <li>• Management Referrals – it can be seen that Managers are now 'buying in' the process of intervention to prevent staff going off sick, which is a positive step forward in supporting staff.</li> <li>• Care Commissioning Group (CCG) – formerly PCT; it has been agreed to continue to provide services for admin staff in the immediate future, but will have to tender to the CCG for future services.</li> <li>• NHSLA Monitoring Report on Stress Policy – update report tabled; one area of concern around feedback from departmental stress monitoring reporting and integration with H&amp;S required. MB stated that she and DW will be meeting Governance team to discuss.</li> </ul>	
4.7	<p><b>Education &amp; Training Report</b></p> <p>LN provided a brief update for the Education and Training department:</p> <ul style="list-style-type: none"> <li>• Deanery visits – all on plan, action plans for General Surgery and T&amp;O and Foundation Programme submitted this month.</li> <li>• Regional educational funding now organised and commissioned by the LETB and LETC; DH is a member of the LETC Board and therefore the Trust has good engagement in promoting future planning.</li> <li>• Mandatory Training &amp; Induction – Local induction compliance of concern, an email has been send to outstanding staff but unfortunately, no further improvement seen; needs engagement by Managers to support to reach compliance, plans in place to continue to address.</li> </ul> <p>Other areas of concern are around Manual handling for people, blood transfusion and investigating incidents and complaints – which is delivered by Governance Department who had not decided on the required staff to received, therefore, unable to chase up. Liaising directly with Directorates and Divisions to follow up as this is a topic required under NHSLA.</p> <p>DH requested that an email is drafted up by LN and MB outlining concerns which she will send out in her name to the Head of Governance.</p> <ul style="list-style-type: none"> <li>• Clinical Skills Simulation Ward – LN reported that she has received feedback from the supplier company on her enquiry around providing multi-cultural</li> </ul>	

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	<p>models; however, the Company has confirmed that they are unable to provide. Work continues on the provision of Paeds/Maternity simulation ward.</p> <ul style="list-style-type: none"> <li>NVQ3 has now changed to QCF with changes to the funding; this is a government initiative and students are now required to obtain a student loan to undertake this type of training; LN requested the group to ensure that if any staff are interested in this level of training to contact the Training Department as soon as possible before funding ceases.</li> </ul>	LN/MB
5.	<p><b>National Staff Survey Results 2012</b> KE provided an update on the results from the national Staff survey 2012. Overall response rate for the Trust was at 34%, no increase on 2011 submissions but the Trust is in the top 20% nationally. Overall the results for the Trust were positive. Plans in place to report to TMT, Trust Board and at the Senior Managers Briefing.</p>	
6.	<p><b>OD &amp; E&amp;T Strategy Implementation Action Plan Update</b> LN stated that the all actions were on track however, she was aware that there is a need to review the strategy for the next reiteration of Foundation Trust and also because elements of the strategy have now moved on.</p> <p>DH commented that she had attended a workshop on 12<sup>th</sup> March around developing leaders within the Organisation, ie training planning and skill sets required; and a proposal will be required to submit to Janice Stevens, the CEO of the LETB in order to request funding to support the Trust's proposals.</p>	DH/LN
7	<p><b>HR Policies Development/Update:</b></p>	
7.1	<p><b>HR06 – Grievance Policy</b> MF stated that she had worked alongside Staffside on the review of the policy and briefly outlined the proposed amendments. The amendments were agreed by the group; policy to go on to JNC and TMT for formal ratification.</p>	JNC/TMT
8.	<p><b>Any Other Business</b></p>	
8.1	<p><b>Nursing Vacancies</b> – GS reported that there were currently high vacancies for nursing across the Trust; the majority of these were new additional posts and a number of campaigns were ongoing to advertise. DH requested a brief update on the status to report at this week's TMT.</p>	GS
8.2	<p><b>NHSLA Update -</b></p>	
8.2.1	<p><b>HR04 Engagement of Temporary Staff</b> – KE stated that the recent audit identified low compliance on local induction for locum medical staff. However, examples were available for doctors, but not for agency nurses. The Nurse Bank is now to take over the locum nurses and therefore, this requirement will be addressed.</p> <p>There is an issue around who should carry out the checklist for doctors who arrive on a late shift, as unfortunately; this has been raised with the Medical Director and also Jag Samra. This in turn raised the question around supplying IT login for locums ie a generic pass, to get access to the electronic systems for local induction and also required for accessing other electronic medical reporting systems.</p>	

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9.	<p><b>Date &amp; Time of the Next meeting</b>                      9:30am, 25<sup>th</sup> June 2013 – Room 4, WMI</p> <p>However, future dates to be reviewed as there is a possible clash with Quality &amp; Safety Board to ensure better attendance by group members.</p>	MD

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**DRAFT**