

CHAIRMAN'S SUMMARY REPORT

Name of Committee/Group:	<u>HR Sub Committee</u>	
Report From:	Director of HR	
Date:	28 th January 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 Divisions, Occupational Health & Wellbeing and Education and Training reported and noted. 2. Revision of Terms of Reference put forward for discussion and review. 3. Policies & Procedures reviewed: <ol style="list-style-type: none"> a. HR35 Zero Tolerance Policy b. HR20 Maintaining Professional Registrations Policy c. HR26 Employment checks Policy 4. NHSLA Audit Monitoring Reports reviewed and noted 	

	<ul style="list-style-type: none"> a. HR20 Professional Registrations Policy b. HR26 Employment Checks Policy c. HS03 Sharps Management Policy d. HR42 Stress Policy e. HR42 Stress Policy – stress risk assessments <p>5. Update on Flu Vaccination Programme</p> <p>6. National Staff Survey – closed 7th December 2012</p>
<p>Risks Identified:</p> <p>Include Risk Grade (categorisation matrix/Datix number)</p>	

Minutes of the HR Sub-Committee

Date **11th December 2012**
Venue **Conference Room, Hollybush House**
Time **9:30am**

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

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1.	Apologies for Absence As noted above.
2.	Minutes of the Previous Meeting dated 25th September 2012 The minutes were agreed as a true record.
3.	Matters Arising from the Last Meeting All actions reviewed, to note:
3.1	Item 4.7 – Mandatory Training Compliance Rates - LN reported that following the decision to defer going for NHSLA Level 3, she had not prepared an update report on

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	the compliance rates for Mandatory training; however, if the situation had not improved in the New year, she would prepare a report for DH.	
3.2	Item 8.1 – HR14 Work Experience Policy – LN stated the Policy had not yet been ratified by TMT as a report had been prepared for Directors to consider either a centralised model, which will incur funding implications to resource or a devolved model.	
3.3	Item 8.8 – Audit Report on HR04 Engagement of Temporary Workers – KE reported that following a mock assessment audit of the policy ahead of the NHSLA inspection; the frequency of the audit of the policy was amended from annually to six monthly. However, this amendment has now been questioned and the proposal is, therefore, that the Trust carries out an annual audit and, for assurance, additional spot checks to be carried out on a regular basis. The Committee agreed to this proposal.	KE
4.	Monthly Update/Reporting:	
4.1	HR Directors Report	
4.1.1	National Discussions – AfC Terms & Conditions and Pay CM reported that the national pay negotiations had moved on and the Unions were taking proposals back to staff for consideration.	
4.1.2	Black Country Local Education Training Centre LN advised that no firm confirmation has yet been given on the funding streams for doctors; DH is the Trust's representative on the Black Country Local Education Training Centre.	
4.2	Update Report for Division 1 - Surgery: KE provided an update on key points :- <ul style="list-style-type: none">• Sickness Absence – improvement seen within the Division on year on year figures for August, September and October.• Appraisals – a lot of work completed by the Division, only one area at amber.• Mandatory Training – again, improvement seen across the Division, work ongoing regarding local induction rates.• Ongoing projects:<ul style="list-style-type: none">○ Dentistry – changes to the contract will result in a reduction in services○ Ophthalmology at Cannock – potential TUPE○ Pathology – Cytology bid won but all other projects ongoing○ Vascular• HR Framework – ongoing re nursery nurses in Maternity and one upcoming in Theatres around shift changes.	
4.3	Update Report for Division 2 – Medicine and Community: MF provided an update on the key points: <ul style="list-style-type: none">• Consultation concluded around adult community services group with approximately 200 staff affected.• A further HR Framework will commence in January 2013 around the admin functions at the Gem Centre; staff are aware.• Section 75 in Therapy Services; we employ 17 staff members who work solely for the City Council but are not line-managed by the Social Services office.• Sickness absence within the Division was at its lowest for 14 months in	

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	September, however, the October figure had risen slightly.	
4.4	<p>Update Report for Estates & Facilities</p> <p>JS provided an update on the key points for the Estates & Facilities Department:-</p> <ul style="list-style-type: none"> • Sickness Absence for October was at 2.5%, lowest for 12 months with improvements seen in the areas of Domestic and Catering. • Mandatory Training figures for Trust induction and local induction stands at just below 95% but have been assured that those outstanding are being followed up. • Turnover is running at just below the Trust average at 7.83%. • Retail Outlets – WHSmiths have now received a Directions order from NHS pensions which now means that the four staff involved can transfer to WHSmiths and continue to pay into the NHS pension scheme. The proposed transfer is now resuming with consultation recommencing with the staff involved. The proposed transfer date is 13th January 2013. 	
4.5	<p>Update Report for Corporate Services</p> <p>JS provided an update on the key points for the Corporate Services:</p> <ul style="list-style-type: none"> • Sickness absence running at 4% for October. • Turnover stands at 9.44%. • Mandatory Training – all green except for Trust and local induction; again outstanding areas being followed up. • The IT Department has recently undergone a restructure following the amalgamation of the two departments following TCS. 	
4.6	<p>Occupational Health Report</p> <p>MB provided a brief update for Occupation Health & Wellbeing:</p> <ul style="list-style-type: none"> • Management sickness referrals have gone up with the majority relating to long term sickness absence. • Stress Referrals, 118 new referrals received, now at 60:40 – personal/work related. • Health surveillance – measles screening – ongoing within the community. • Accreditation – bid ongoing, continued requests for additional information requested; it is hoped to conclude by April/May 2013. • University Contract – attended and presented at tender meeting on 10th December having being shortlisted; expected to hear outcome mid-January 2013. • OH & Wellbeing Strategy Implementation Progress Update – update provided, progress to date as expected against plan. <p>JV commented that the City Partnership is to disclose its initial Impact Assessment on the Welfare Reforms and the impact in terms of benefits cuts; there is concern around the level of debt within the City especially within the Public Sector workforce as it is known that half the people claiming housing benefit are actually in work. JV was concerned was that public sector workers will, in future years, lose housing benefit income and will be unprepared and questioned whether discussions were required to analyse how much of our workforce might be affected by this? MB agreed that could be added to the audit assessments of stress cases of staff, although we do have to be careful of not becoming too intrusive.</p> <p>JV commented that we cannot make something like this go away, but can help people to prepare and be realistic about dealing with. MB proposed setting up workshops; JS suggested that the Trust could work with the Citizens Advice Bureaux (CAB) to facilitate.</p>	

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	MB agreed to discuss further outside of the meeting to discuss a strategy to support staff.	MB
4.7	<p>Education & Training Report</p> <p>LN provided a brief update for the Education and Training department:</p> <ul style="list-style-type: none"> • Deanery Update – <ul style="list-style-type: none"> ○ visit to General Surgery and Trauma unit in July – progress report due January 2013; on track. ○ Foundation programme – a couple of patient safety issues raised but now addressed. ○ Oncology report accepted and happy with progress made, but an internal visit will take place in January to assure progress continuing. • LDA – education track monitoring – over 99% of the contract uptake. • E-learning – currently reviewing KITE, around quality assurance of some of the NHSLA local e-learning packages. • NLMS – pilot to run in January – which is a national e-learning system, which automatically updates OLM through ESR. • Mandatory Training – a number of improvements seen to Trust figures apart from Safeguarding Adults for Level 2 but now have someone dedicated to deliver together with an e-learning package. • Mandatory Training Day programme, Trust Induction day programme and Quick Induction Day programme for junior doctors under review early 2013 with the new programme due to commence April 2013. • NHSLA feedback for education standard – good result received 9/10. • OLM local reporting – pilot commencing, Managers will be able to review ‘real-time’ training reports for staff. • Library Services passed its accreditation on 88.5%%; action plan produced to reach 95%. • Clinical Skills SIM Ward is up and running; staff embracing scenario training with the ward booked up for whole of year. The Maternity Centre is looking to purchase a SIM ‘mum’ and ‘baby’ and also looking at SIM ‘neo-natal’ and looking to see if the Trust can become a Regional Simulator Unit. • Work Based Learning - Foundation Degree – <ul style="list-style-type: none"> ○ need to match up to Trust’s requirements; LN to link in directly with Managers. ○ Future funding of courses – need to link in academic attainment for new/development posts within the Trust; LN requested HRMs to advise in order to resource necessary educational attainment courses. • Unemployment Work Placement Scheme – the scheme at the Trust went very well, out of 68 starters, 23 went into employment, 13 of which within this organisation; LN to forward full statistic report to JV. <p>JV queried the low training figure for Paediatric Basic Life Support training; LN reported that these statistics had only just been started to be reported on because in ESR the Paediatric team comprise of Neonatologists and Paediatricians, but the Neonatologists have to do Neonatology basic life support and the Paediatricians only need to do the Paediatric Basic life support, therefore, this report has had to be manually pulled together. The figures have now been verified, and will now be followed up on.</p> <p>JV commented that the SIM Ward has been fantastic facility and well received but noted that all the dummies were of a white complexion which does not reflect our diverse community; LN agreed to follow up on with the supplier regarding any future purchases.</p>	<p>LN</p> <p>ALL</p> <p>LN</p> <p>LN</p>

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7.4 7.5	<p>NHSLA Monitoring Report – HR20 Maintaining Professional Registrations Policy And NHSLA Monitoring Report – HR26 Employment Checks Policy</p> <p>GS reported that both reports provide updates of actions following the last report submitted in readiness for NHSLA assessment with the majority of actions now showing at 'green'.</p> <p>GS stated that the team had not look at documents being signed and dated at the point of submission but this came out from the NHSLA audit, so this will now be picked up and monitored too.</p> <p>HER stated that training sessions will be scheduled on 'Rights to Work' and on checking documentation.</p>	
7.6	<p>NHSLA Monitoring Report – HS03 Sharps Management Policy</p> <p>Update Report submitted for group to review, no areas of concern.</p>	
7.7	<p>NHSLA Monitoring Report – HR42 Stress Policy</p> <p>MB reported that there are a few actions to follow up on, updates to note:-</p> <ul style="list-style-type: none"> ○ On-line training is now available ○ Compliance data on risk assessments; need clarification on reporting timetable ie quarterly, or bi monthly in readiness for NHSLA3. CM stated that until the end of the current financial year, this will continue as bi-monthly. ○ Change to policy; should be clearer around wording for staff; amendment agreed but policy on the intranet not updated prior to NHSLA2 assessment; need confirmation on which policy/wording to agree to for NHSLA3. MB to discuss further outside of this meeting. ○ Clarification required on department risk assessment audit reporting – MB, DW & MS to discuss further outside of this meeting. 	<p>MB/DW/MS</p> <p>MB/DW/MS</p>
7.8	<p>NHSLA Monitoring Report – HR41 Stress Policy – Stress Risk Assessment Analysis</p> <p>MS reviewed the results from the departmental stress risk assessments; contributory factors that were found to be of concern to staff were around work loads, staffing levels, lack of breaks, no replacement staff.</p> <p>DW stated that the results from this audit will be reviewed in line with the Trust Risk Assessment to ensure that actions plans are in place to mitigate and support given to Managers to deliver.</p> <p>MS stated that an action plan has been devised and there is a need to improve the quality of the risk assessments and areas of compliance. DW questioned the plans to ensure compliance; MS stated that a communications forum will be held, if no improvement, she will raise at Health & Safety Steering Group and with the Divisional Governance Managers.</p>	
8.	<p>Any Other Business</p>	
8.1	<p>Flu Vaccination Programme</p> <p>MB requested group members to ensure a final push with all staff members to encourage take up of the flu vaccine.</p>	

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8.2	<p>National Staff Survey KE reported that the national staff survey closed on Friday, 7th December 2012; with just above 41% returns by Trust staff out of a sample size of 850 staff members.</p>	
9.	<p>Date & Time of the Next meeting 9:30am, 29th January 2013 Conference Room, Hollybush House</p>	

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