

CHAIRMAN'S SUMMARY REPORT

Name of Committee/Group:	HR Sub Committee	
Report From:	Director of HR	
Date:	25th July 2011	
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		
Risks Identified: Include Risk Grade (categorisation matrix/Datix number)		

HR SUB-COMMITTEE

Notes from the Meeting held at 9:30am on Tuesday, 24th May 2011
Conference Room, Hollybush House

A Adams (AA)	✓	G Argent (GA)	✓
Mary Brassington (MB)	✓	Jag Chahal (JC)	✓
Zena Dalton (ZD)	✓	Kerry Evans (KE)	✓
Michelle Fish (MF)	✓	Lewis Grant (LG)	Apols
Denise Harnin (DH)	✓	Caroline Marshall (CM)	✓
Louise Nickell (LN)	✓	Tim Powell (TP)	Part
Julie Sharp (JS)	Apols	Margaret Simcock (MS)	Apols
Gemma Smallwood (GS)	✓	Helen Thorpe-Wood	Apols
Sam Turner (ST)	Apols	Jeremy Vanes (JV)	✓
Chris Wanley (CW)	X	Diane Wilding (DW)	✓
In Attendance:			
Jo Nicholls (on behalf of ST)	✓	Yasmin Peiris (YP) (on behalf of LG)	✓

Action

1. **Apologies**
As noted above.
2. **Minutes of the Last Meeting – 25th January 2011**
The Minutes of the last meeting were reviewed and agreed as a true record.
3. **Matters & Action Points Arising from the Minutes**
 - 3.1 **Update on Roll Out of Trust Contracts**
CM stated that this is on target for completion by summer and is included within the HR Integration Plan.
 - 3.2 **PCT Staffside Representative**
DH confirmed that time has been agreed for Julie Whitehouse to act as Staffside lead for Community staff for two days per week for six months; Julie has been actively working on the Joint Staffside Group on Policies; this appointment will be reviewed in 6 months time.
 - 3.3 **Review of On Call Arrangements Update**
CM informed that local arrangements ended at the end of March 2011 and according to national terms and conditions the Trust was tasked to come up with a local scheme within set parameters. The TMT agreed to a deferral until the end of June to allow time to develop proposals. It is hopeful that this target date will be achieved, however, it has proven very difficult to provide costings and we now need to look at the consequences of alternative proposals and getting these costed. Meetings with management and Staffside will be arranged to review the draft proposals.
 - 3.4 **HR Policies**
DH stated that an agreed position on four policies that have been reviewed throughout January to March has been reached. There are now combined policies

Action

for HR Framework, Management of Sickness, Grievance and Disciplinary. We will need to roll out a plan to inform managers of the key changes; DW to lead. All policies come into force on the 1st June.

DW to lead

The Pay Protection Policy is outstanding but an agreed position has been reached and this is due to go to JNC for formal ratification on the 25th May. The following changes have been agreed:

- 2 years protection for long term protection for bands 1 – 6 with 12 months short term protection.
- Band 7 and above, 1 year protection for long term and 1 year protection short term.

This is a reduction for RWHT staff from 3 to 2 years and for PCT community staff from 5 years to 2 year. Again, this will be implemented from the 1st June.

4. Monthly Update:

4.1 HR Director's Report

- TCS - now working on an integration plan for TCS and continuing to meet weekly with senior HR Managers to drive through the component parts of the integration plan which includes the OD strategy. There is also lots of housekeeping within HR to assess systems and processes on HR issues, which includes : contracts, bank arrangements and recruitment.

Education Development is also included; LN has got a workstream associated with that.

DH stated that there had been an issue around amalgamating payrolls with McKesson who had developed the ESR system. The Trust took the decision to manually update the ESR database with the PCT staff members as the data transfer scheduled with McKesson was for February 2012. However, McKesson has been unsuccessful in bidding for funding to carry out the integration work from the DoH, so the work we have done has proved a great success.

- Management Structure – DH advised that the Divisions are currently working on the top tier, ie Directorate Managers and Matrons level. JDs have been agreed but are subject to consultation. There is a skeleton HR Framework, details being finalised with consultation commencing from the 1st week in June.

4.2 Division 1 Report

YP presented the highlights of the report for Division 1.

- Sickness Absence: decreased to 3.9% following an increase in March, so second lowest figure for Trust; sickness absence workshops ongoing in all areas.
- Appraisals: disappointingly low in April at 65.3%, Divisional Manager has given a 2 month target to reach compliance otherwise will be seen as a performance issue.

JV commented that although the lower figure for appraisals had been noticed at the recent Board meeting, it was understandable with the additional works undertaken with TCS and Monitor and hoped this would now be addressed.

Action

- Nurse Vacancies: increased to 3.5WTE with unqualified vacancies and remains constant. Recruitment ongoing.
- Agency Costs: increased in March against Cardiothoracic, ITU/Anaesthetics/Theatres and Radiology due to vacancy cover, maternity and other absences.
- Casework: as stated in the report. KE advised that a further Grievance from ex-employee had been received within the last week and one member of staff has progressed to stage 4 of the Sickness Absence policy.

4.3 Division 2

TP presented the highlights of the report for Division 2.

- Sickness Absence: has decreased from previous month to 4.72%, however, still above Trust target.
- Appraisal Rates: similar decrease in compliance and plans are in place to bring back in line.
- Vacancies: slight increase in April, but no major concerns.
- Bank & Agency Spend: Agency spend in March was a concern, however, the increase mainly relates to the accounting changes and we will see an increase in April as additional locum staff were brought in to cover the Easter and additional bank holiday.
- Case Work: as reported with a suspension due to be heard at the end of the week.
- Mandatory Training: hand hygiene of concern, but this will be viewed as a performance issue.

DH stated that Information Governance training is a mandatory training subject which has to be completed by all Trust staff. LN stated that training is available on the KITE site which takes only 10 minutes to complete or a longer session is available on the national package website, or group sessions have also been scheduled. Currently the performance figure for this stands at 54%, however, LN is scheduled to meet with Jonathan Odum, the Medical Director, who is the Trust lead, to discuss how to target key areas. The target figure is 95% which must be met by the end of June. DH requested that this is taken back to the Divisions to encourage staff to complete. LN stated that a report will be sent out with names to identify who still needs to complete. This training is an annual requirement.

ALL

LN stated that KITE site electronic session is the quickest and easiest form of training although there are also training packs available in the library and the team are also happy to go out to meet up with groups of staff.

4.4 Estates & Facilities:

GA presented the headlines of the Estates & Facilities report.

- Sickness Absence: at 3.81% for April.
- Appraisal Rates: at 88.6%; Catering and Medical Physics still require further work but both of these areas have recently gone through intense Management of Change programmes over the last year.

Action

- Collective Grievance: a long and complex collective grievance in relation to Estates Management is nearing completion.
- Case Work: additional to the report, there has been one stage 4 sickness absence in the last week and one appeal against a final written warning against a sickness absence case.

4.5 Corporate Report

Report taken as read; DH stated that the Corporate services to address the low figure for appraisals compliance.

4.6 Occupational Health Report

MB presented the highlights from the OH report:

- Occupational Nurses are working across both sites
- A Service Level Agreement has commenced with the Black County Partnership Mental Health Foundation Trust.
- Stress Levels as usual - 60% against personal rather than work related which is at 40%.
- Health Surveillance, well ahead now that information received from Directorates.
- The department is preparing for Junior Doctors intake and flu immunisation programme.
- Management referrals – taken off ‘sickness’ as a number of referrals are not strictly sick as Managers are moving to try to prevent sickness and referring earlier which is very encouraging.
- The PCT OH department will have the COHORT database in June/July and will, therefore, report to same standards as RWHT.

4.7 Education & Training Report

LN presented the highlights from the Education and Training report:

- Deanery Visits; There will be 9 Deanery visits this year, being quality assured by the GMC. Renal and Radiology went well. To note, likely to have a further visit to Anaesthetics; a mock visit will be held in preparation.
- Post Registration Contract: because of TCS we will expect an allocation of funding for those community staff who have transferred over from the 1st April.
- MPET – education funding and finance is under review, although because of the ‘look and wait’ exercise of the White Paper, it was thought that this may be halted, however, the skills model will continue, no further update has been received.
- Mandatory Training: - Information Governance now up to 54%.
 - Safeguarding Children: Mark Edwards has recently requested training figures on the Safeguarding Children. ZD advised that OFSTED inspection is imminent for which this information is required. LN stated that Level 1 figures are good, but Level 2 and 3 are less well attended.
- Appraisals: as mentioned earlier, there has been a downward trend over the last few months.
- Clinical Skills: a business case has been developed for the clinical skills & simulation service, DH has met with Dr McKaig who is the clinical lead on

Action

this. Adjustments to the business case to be made and then will take forward to TMT for approve.

DH stated that she is meeting with K Stringer and D Loughton with Dr McKaig to work on details of the business case.

- Undergraduates: will be taught very differently from 2012, therefore, the infrastructure to support within the Trust will change, but work is progressing well to make the changes with new appointments of academy tutors.
- Leadership & Management: both the Management Leadership Development Course and the ELD courses have been accredited with various Universities.
- Team Development: there has been a lot of requests from Community staff and the department has been able to accommodate those.
- Work Base Learning Quality Assurance – the visit went well.
- Joint Investment Funding will cease in July, this is the funding to support Bands 1-4 staff. No information yet given as to whether an alternative funding stream will be available.
- Risk Register: 3 new additional risk related to TCS,
 - Rhesus training underfunded,
 - Clinical Skills training - no funding received and
 - Medical Equipment training – no funding received.

All three will be progressed internally to address any shortfalls in those services.

- OLM & LMS: the PCT staff are able to access the KITE site which will help to boost the mandatory training status.
- Junior Doctors Induction: the Deanery have developed a new on line induction package which we have been encouraged to use. This is disappointing as we had developed our own local site which included processes to complete before the Junior Doctors came to the Trust; the Department will mix and match the two systems.

4.8 Communications Update

JN provided a brief update:

- Access for Community Staff: initial problems in sending out the bulletins but now resolved.
- Media Policy: minor changes have been made to the Policy to reflect :
 - there are now two members in the Communications team
 - amended text from hospital to Trust to reflect integrated Trust
 - added in text around rebuttal in that the Trust responds back against incorrect/negative press.
- New Twin Theatres: planning to arrange tours around the twin theatres as and when possible.
- Media Cover: at 62% for April.

Action

5. **NHS Institute/SHA & QIPP Working Group**

Distributed for information.

6. **Appraisal Effectiveness Audit – Airedale Inquiry Action Plan**

LN informed that the Airedale Inquiry was an enquiry carried out by the Yorkshire and Humber SHA where it found that there had been a systematic failure within the Trust to monitor if staff were carrying out inappropriate duties outside of their scope of practice. Following this, every Trust had to benchmark themselves against the recommendations of the report. One of the actions is around personal development plans and staff appraisal and building in an audit process to ensure the effectiveness of appraisals. The Trust completed its audit in February, where we asked Staff who attended the mandatory training day to complete a questionnaire. There was a good response rate but agreed to re-audit to provide greater depth to the evaluation of the results. The audit will be carried out twice a year to ensure appraisals are effective based on the perceptions of the appraisee.

7. **Audit Reports Progress**

DH stated that from here on, audit reports will be brought to this forum to review HR's actions and to track progress against action plans. Although actions are assigned to HR, typically, it can be found that they have wider application operationally. For example, the Consultant Job Planning audit stated that the policy needs reviewing, which HR is responsible for, but other actions within the report are about application and implementation operationally, which means that HR can only support Managers and Clinicians in completing.

There are three audit action reports currently open: bank & agency, consultant job planning and a summary report of previous audits.

CM provided the following update on current actions and compliance:

Medical Registration Compliance and CRB Compliance

Medical Registration – the auditors returned to review the process, following which a simple 'tick box' proforma has been implemented to show that registrations have been checked, so now compliant and action completed.

CRB Compliance - the audit report highlighted that the Trust was not assuring itself effectively that CRBs were being carried out in line with the Policy. However, we did highlight that the original audit was against an earlier version of the policy when we were looking at carrying out annual CRB checks.

There is also a requirement within the CRB Policy to report to HR Sub in terms of compliance levels, therefore, this will be reported at the next meeting of the HR Sub in July. This will also allow us to provide a first update on the rollout of CRB compliance for Community Staff as there is a plan for all Community staff to have their CRB completed.

Bank & Agency Audit

This has been re-audited in March and reached an 'Amber zone'. A meeting has been held with the medical staffing and recruitment teams and it is understood that that the majority of actions identified have been actioned.

Job Planning for Consultants

Our target is to review the current process which has gone out to key stakeholders, however, not yet completed. It is hoped to be signed off at the LNC meeting in June, following which it can then be implemented across the Trust.

Action

DH stated that the Auditors have an annual plan, some areas of work are statutory and others are provided by the Executive Directors. Due to the current outstanding reports and because of the immense changes we are going through, DH has not suggested any new HR areas for review for this year.

8. HR Policy Development

8.1 OP06 Media Policy

Policy for approval.

JN had briefly reported amendments to the policy earlier in the meeting which included the following minor changes:

- Staff responsibility amended to clarify that any media enquiries and responses should be dealt with by the Communications team.
- Rebuttal
- Training – clarified that training will be given to relevant Managers.

Policy agreed.

TMT - June

8.2 HR09 Personal File

Policy for approval – KE provided a briefing of the minor amendments within the Policy -

- Attachment included which details that records are to be retained for the retention period which complies with national guidance and details how the documents should be destroyed.
- Audit of personal files to be carried out by the HR department on an annual basis to ensure they comply.

Policy agreed.

TMT – June

8.3 HR14 Work Experience

LN provided the following update:

- Moved from centrally managed system run by the PCT to a devolved system whereby Managers take requests for work experience and complete the necessary governance paperwork to ensure safe and supportive work experience placement with a monitoring form for Education and Training Department so that we know at any point of time who we have got on site and who is their supervisor.

LN stated that she had some further issues to discuss further with NP on this Policy outside of the meeting.

**LN/NP
TMT - June**

NP stated that there are plans to provide update briefings to Managers.

8.4 HR15 Prevention of Harassment & Bullying Policy

KE stated that this is a first draft for comment; amendments include more clarity

- in that the perception of bullying is not always the reality of what is accepted by normal standards;
- also around wording that not all bullying and harassment will lead to dismissal as depends on the severity
- around the timeframe for investigation to be carried out has been extended from 14 days to 21 days and
- includes a template for completion by complainant.

KE/GA

KE stated that GA had provided some comment on the policy and will meet outside of this meeting to discuss further. Any further comments should be directed to KE

**July JNC
agenda item**

Action

prior to submission to JNC in July.

TMT - June

- 8.5 HR11 Protection of Pay & Conditions of Service Policy**
Policy for information only, agreement has been reached with JNC.

DH stated that we need to work out with the Communications team how we will 'brand' and communicate the roll out of the policies, ie Trust Talk, Trust bulletin and we need to look at branding for notification of HR issues with follow up of skills training.

DH stated that now that the initial five policies have been completed, we need to look at the other raft of HR Policies requiring review and need to set a schedule which prioritises the policies for review; DW to lead.

DW

9. Staff Survey 2010 Results

DH stated that the results have been presented to TMT and TB with the outcome of the national audit published in April. There is a significance of shifts but overall pleased with the results and the sustained improvement in engagement, which is hoped is attributed to the LIA work and Chatback.

The level of compliance at 38% in total is disappointing but believe that there is a growing malaise towards the national instrument because we know through Chatback, which is our local engagement survey, that we were overwhelmed with the response rate.

DH has recommended to the Board that we run a further session on Chatback across the combined Trust to include the Community staff so we can establish a baseline for us to monitor and report off thereafter. It is hoped that we have the same success as the first initial Chatback session. We will utilise some of the questions from the national survey but customise these to apply locally so we can find out and get feedback on issues that matter to our staff here. By utilising the technology used in the first session, data can be collated quickly and feedback received within a week or two ie live data which can be broken down into departments and wards and therefore, is more meaningful.

The results of Chatback, with a comparison of the results from the national survey, will be presented to the Board.

10. Strategies

10.1 The Library Services Strategy

LN presented the Library Services Strategy; it is a requirement of the Library Standards that the Strategy is approved at TMT and Trust Board; any comments direct to David Law.

TMT/TB
agenda Item

10.2 OD & ET Strategies – Implementation Plan Progress

LN provided a progress update against the action plan. It is a requirement to report every 6 months to TMT and Trust Board.

LN stated that because there are a lot of changes to the OD strategy, the metrics have changed substantially, so it is hard to compare the last report to this report. The report includes some of the metrics against year 1 and includes the revised year 1 targets and metrics below so it can be seen what has been achieved and how things are developing.

DH stated that we will report back similarly on the HR Strategy at the next meeting in July.

Agenda item:
July

		Action
11.	Any Other Business	
11.1	<p>Annual Leave Policy – CM stated that we have started to look at reviewing the PCT and RWHT annual leave policy. In the PCT Policy there is a “purchase holiday scheme” which RWHT Staffside are keen to keep so the scheme is available for RWHT staff. There is a maximum of 10 days to buy through a salary sacrifice scheme, although it is not a guarantee, it is a right to request and a business case can be put back to the individual if refused. CM requested Divisional Managers to take back to Directorate Managers for their views on this proposal and revert back to Gurdeep Gill.</p> <p>DH queried the ‘take-up’ figures; CM stated that this current leave is not high, JC suggested that due to TCS there was a restriction on this, so suggested to look at the uptake over the previous two years. AA to find out figures.</p> <p>CM to provide briefing for review/comments to go out to the group.</p>	<p>AA</p> <p>CM</p>
11.2	<p>Monitoring of Disciplinary Investigations – GA stated that it had been previously raised that disciplinary investigations should be regularly monitored and checked for progress. DH stated that she is provided with a summary regularly, however, this is on the radar and currently a set of KPIs around key policies, that we will agree with Staffside, is being worked up. CM is now leading on and will bring to next meeting.</p>	CM
12.	<p>Date and Time of Next Meeting 9:30am, 26th July 2011 Board Room, Clinical Skills & Corporate Services Centre</p>	

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