

CHAIRMAN'S SUMMARY REPORT

Name of Committee/Group:	HR Sub Committee	
Report From:	Director of HR	
Date:	26th September 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)		

Minutes of the HR Sub-Committee

Date 26th July 2011
Venue Board Room, Clinical Skills & Corporate Services Centre
Time 9:30am

Present:	Name	Role
	A Adams (AA)	Workforce Information Manager
	G Argent (GA)	Divisional Manager Estates & Facilities
	Mary Brassington (MB)	Head of Occupational Health & Wellbeing
	Kerry Evans (KE)	Divisional HR Manager
	Caroline Marshall (CM)	HR Service Centre Manager
	Jo Nicholls (JN)	Communications Specialist
	Louise Nickell (LN)	Head of Education & Training
	Tim Powell (TP)	Deputy Chief Operating Officer
	Nick Price (NP)	Divisional HR Manager
	Sam Turner (ST)	Communications Specialist
	Jeremy Vanes (JV)	Non-Executive
	Diane Wilding (DW) Chair	Deputy Director of HR
In Attendance:	Name	Role
Apologies:	Name	Role
	Michelle Fish (MF)	Divisional HR Manager
	Jag Chahal (JC)	HR Manager
	Lewis Grant (LG)	Deputy Chief Operating Officer
	Denise Harnin (DH)	Director of HR
	Julie Sharp (JS)	Health & Wellbeing Nurse Manager
	Margaret Simcock (MS)	Health, Safety & Improvement Co-ordinator
	Gemma Smallwood (GS)	HR Manager - Resourcing

Item No.		Action
1.	<p>Apologies for Absence As noted above.</p>	
2.	<p>Minutes of the Previous Meeting dated 24th May 2011 DW reviewed the minutes of the last meeting; the following updates were given:</p> <ul style="list-style-type: none"> • Information Governance training – LN reported that the Trust had reached 98% compliance rate. • Policy Development – the Media policy, the Personal File Policy and the Protection of Pay was ratified by the TMT in June. The Work Experience Policy was bounced back for additional work, update to follow later in the meeting. • The Library Strategy was approved by the TMT in June. • Annual Leave Policy Review – CM confirmed that the background figures on the purchase holiday scheme had been circulated; further detail will be included within the review of the Annual Leave policy. • KPIs around Disciplinary Investigations - DW confirmed that work has commenced on pulling together KPIs around this and will be brought to the HR Sub Meeting. TP commented that there was also an issue with training for Managers leading on investigations; DW accepted this point and a meeting has been organised to review the methodology around the Disciplinary framework and Grievance framework. This will be brought to HR Sub for further consideration. <p>The minutes of the last meeting were agreed as a true record.</p>	
3.	<p>Matters Arising from the Last Meeting:</p>	
3.1	<p>On Call Arrangements CM stated that the first On Call Project Board had been held; DH is the chair and V Hall is the Executive sponsor. A Steering Group which includes a cross section of Staffside and management members has been set up; discussions are underway to explore various options and progress has been made in terms of principles. However, robust financial information is still awaited so there is no indication of the financial impact; this information should be available at the end of July. CM confirmed that the outcomes and proposals from the project will be presented to TMT and Trust Board for approval.</p>	
4.	<p>Monthly Update/Reporting:</p>	
4.1	<p>Division 1 Report: KE provided highlights from the report for Division 1 (June data):-</p> <p><u>Sickness Absence:</u> Sickness absence has increased to 4.58% due to Muskeleto, mental health, operations/post op recover and pregnancy related illnesses. Community Service sickness absence was 2.76% in June.</p> <p><u>Appraisal:</u> the figure for June is at 82.5%.</p> <p><u>Vacancies:</u> increase in qualified nursing vacancies in June are distributed across all areas. There has been some work on the Ophthalmology blueprint; the Divisional nurse</p>	

	<p>is reporting minimal vacancies in that area. DW stressed that it was key that the blueprint is complete and the numbers correct as it will be important in taking forward the planning for winter staffing.</p> <p><u>Bank & Locum</u> – agency and Bank expenditure rose in May to £36k to cover sick leave and the high number of maternity leave. Locum at under £10k.</p> <p>KE stated that the breakdown for the community was not yet available; AA advised that Finance Department are currently looking at splitting out the figures but no fixed date as to when the data will be available.</p> <p>NP commented that arrangements are in place for appraisal information made available. LN stated that following TCS, the Training Department received incomplete data from the PCT OLM database, therefore, since April the department has sent out data for appraisals and mandatory training to the Community Managers for them to check and verify that it reflects their local records. This updated information will now be included in all reports, Divisional Managers will also be included in the distribution. LN stated that for NHSLA, no local records should be held and all training data must be sent directly to the Training Department.</p> <p><u>Casework</u> -as outlined within the report.</p> <p>JV asked, for information only, to see a copy of one of the HR Framework documents; KE agreed to send.</p>	KE
4.2	<p>Division 2 Report TP provided highlights from the report for Division 2:-</p> <p><u>Sickness Absence</u> – there had been an increase compared to 12 months ago, however, the reporting figures may be slightly artificial as Childrens & Orthopaedics now sit within Division 1, so will need to understand how that impacts on overall performance.</p> <p>The figure for the community stands at 4.5% which is an improvement on May.</p> <p><u>Appraisals</u> – compliance is at amber for the 3rd month running, some areas still require improvement and performance management arrangements are in place.</p> <p><u>Vacancies</u> – in good position regarding qualified staff, but have seen an upward trend in unqualified staff. The process for recruiting for the winter pressure wards has commenced.</p> <p><u>Agency Spend</u> – improving position and working with Finance regarding some slight anomalies within the report.</p> <p><u>Casework</u> -as outlined within the report.</p> <p><u>Mandatory Training</u> - green for all areas apart from Infection Prevention; Zena Young is pulling together an action plan to address.</p>	
4.3	<p>Estates & Facilities GA presented the highlights from the report for Estates & Facilities:</p>	

	<p><u>Sickness Absence</u> – down to 4.15% for Trust staff. GA queried the reporting for Community staff and the integration of data into a graph; AA stated that DH had indicated that separate reporting would be required for possibly 12 months. GA suggested either integration of data and graphs or the addition of a separate graph for Community staff data.</p> <p>Community sickness absence rate stands at 7.7% which is higher than Trust target, looking to address.</p> <p><u>Appraisals</u>- at 80%, with a couple of 'hotspot' areas which will be targeted.</p> <p><u>Case Work</u> – 1 collective grievance subject to appeal which will be heard by the Chief Operating Officer.</p> <p>JV commented that the Bullying & Harassment training figures were slightly down, GA commented that this would be addressed; LN stated that if preferred, departmental training is available and training is also available on the intranet.</p>	
<p>4.4</p>	<p>Corporate Report NP presented the highlights from the report for Corporate services.</p> <p><u>Sickness Absence</u> – currently stands at 3.38% for Acute services, sickness awareness workshops continuing. There is also ongoing training regarding the harmonised policy. For Community services, the sickness rate is at 2.77% which is a slight increase on the previous month.</p> <p><u>Appraisal Rates</u> – increased to 78.3%. Still below the Trust target but a significant increase on previous report.</p> <p><u>Agency Costs</u> – the figure reduced in May due to a number of vacancies now filled within the Finance Department.</p> <p><u>Case Work</u> – as stated within the report.</p> <p><u>Mandatory Training</u> – All areas green apart from Infection Prevention and hand hygiene.</p>	
<p>4.5</p>	<p>Occupational Health Report MB presented the highlights from the OH report:-</p> <p><u>Stress Related Referrals</u> – there has been a change in the percentage of referrals which are now 50% personal and 50% work related, a number of these relate to change issues following TCS which is as expected.</p> <p><u>Health Surveillance</u> – programme slightly delayed as awaiting staff names from departmental managers.</p> <p><u>Sickness Absence Referrals</u> – we had more referrals in May and June than seen before, the referrals are significantly more appropriate in that they are dealing with staff with long terms sickness absence or staff with severe health problems and are looking to try to prevent sickness by changing work patterns.</p> <p><u>Turnaround Times</u> – the aim is to give appointments within 5-10 working days for</p>	

	<p>management referrals; 35% were given within 5 days, 47% within 10 days and the remaining 18% were offered initial appointments within 15 working days. This latter group is for staff who had DNA'd for the first two categories.</p> <p>MB emphasised the need to raise awareness with Managers around the number of DNAs and the impact of costs and resources involved when staff do not attend scheduled appointments. TP queried whether any particular area was involved; MB agreed to review. TP commented that there needs to be a level of escalation; MB stated that she was working with DW to look at setting up a Case Management approach in order to link in with the sickness absence workshops to address difficult cases.</p> <p><u>Wellbeing Initiative – Touch Rugby</u> – following advertising within the Trust Bulletin, a number of responses had been received and the first session had been held on the 14th July, with further sessions scheduled in August.</p> <p><u>Measles Immunisation</u> –continuing and rolling out into Community areas.</p> <p><u>Flu Vaccination</u> – the flu vaccination programme is commencing; the Department of Health has started its campaign; JS is to attend a meeting in London at the end of the month. Last year's immunisation figure was at 56% and looking to improve on this figure for this year. In order to publicize, there are plans to attend Directorate meetings, attend Senior Managers Briefing and will link in with the Communication's team to look at circulating information out Trust wide.</p> <p>TP stated that a number of staff have vaccinations at their own GPs surgery and queried whether this information should also be collated; MB agreed that she would consider how this information could be collated.</p> <p>GA queried whether the number of stress referrals was high for the Trust; MB stated that the number is not abnormal considering where we are located and the size of the Trust; what is significant is that we're actually measuring trends against HSE categories which will identify where problems may be starting.</p> <p>CM stated that an annual report on Stress Management is due to this Committee as per the stress policy. Approximately 18 months ago, a full organisational assessment was carried out using data collated from the national staff survey, OH data and the departmental H&S risk assessments which are carried out on an annual basis. CM agreed to link in with MS and MB in order to provide an update on this. DW stated that this would be timely as the Trust Stress Policy was due for review in September.</p>	<p>MB</p> <p>CM/MS/MB</p>
<p>4.6</p>	<p>Education & Training Report LN provided highlights from the Education and Training report:-</p>	
	<p><u>Deanery Visits</u> – the Deanery visited the Trust w/c 15th July regarding Anaesthetists level 3. The visiting team feedback proposed an action plan regarding two patient safety issues that they were concerned about, one to be delivered within a week, and a progress report required within a month for the other. The two issues were around consultant supervision of junior staff and trainee clinical duties designated by non clinical person.</p> <p><u>Learning Development Agreement</u> – The LDA has now been received by the Trust and the team are currently checking all the elements of the education contract in terms of</p>	

	<p>financial accuracy and reporting requirements.</p> <p><u>Mandatory Training</u> – overall compliance in the Acute is at 92% and in the Community at 56%. To address we will contact staff within two of the high risk groups.</p> <p><u>Appraisal</u> – overall compliance in the Acute at 79% and 45% in the community.</p> <p><u>Library Services</u> – completing their annual self assessment which is returned to the Library Services at the Deanery.</p> <p><u>Clinical Skills</u> - have been commended by the Royal College of Surgeons for their basic surgical skills course, noted as one of the best in the country.</p> <p><u>Simulation Business Case</u> – ongoing, LN attended the South Staffs Medical Foundation Trustees last week to request funding against the business case and they have awarded £100,000. A request for further funding will be made to the Roth Abraham Trust who were instrumental in setting up the lecture theatre at the WMI.</p> <p><u>Do Not Attempt Resuscitation (DNAR)</u> – the department is currently working on a transparent DNAR order that will be applicable for patients whilst in either the acute, ambulance or community setting. A sensitive area but a requirement for NHSLA.</p> <p><u>Undergraduate</u> – a quality assurance visit was held in June with the Trust being commended on the actions that have been put in place.</p> <p><u>Work Based Learning</u> – external verification visit from EDEXCEL which monitors how quality is assured in terms of how NVQ is delivered.</p> <p><u>Risks</u> – Local Induction paperwork returns are very low, and as this is a NHSLA requirement LN queried whether this could be added to the Performance dashboard; noting that Trust induction performance is already included. TP agreed that this would be useful and would need to be set up in line with the new Management structure.</p> <p><u>Funding for Clinical Skills & Medical Equipment</u> – these are being managed internally.</p> <p><u>Medical Equipment Training</u> – further work ongoing on equipment training to try to identify where the high risk equipment is and to identify local training within the community as we need to ensure that any training is up to NHSLA standards.</p> <p><u>OLM/LMNS</u> – reports for mandatory generic training, appraisal compliance, Trust and local induction for community staff have been sent out to Managers; now starting to look at mapping staff groups against the mandatory specific requirements. These reports are bi-monthly.</p> <p><u>Doctors Induction</u> – to commence in August, e-learning package compiled by the Deanery and all junior doctors were instructed to complete by the end of w/c 18th July. However, the system is flawed in that the server kept ‘crashing’ and doctors could not access easily, therefore, the deadline has been extended to w/e 29th July.</p>	
4.7	<p>Communications Update ST and JN provided highlights from the Communication Update report:-</p>	

	<p><u>Andrew Lansley, Health Secretary</u>– scheduled to visit the Trust on Friday, 29th July which is prompted by 2 years free of MRSA.</p> <p><u>Walking for Health</u> – JN advised that one of the Community Services Team were awarded an award for Walking for Health by the Duchess of Cornwall.</p> <p><u>Social Networking</u> – the Trust now has access to Facebook and the Comms team are due to meet with Medical Illustration on how to launch the Trust’s page.</p> <p><u>Trust Talk</u> – Deadline for submission of stories for the end of Summer edition is the 8th August.</p> <p><u>Safe Hands</u> – a communications plan has been devised and a video message from David Loughton is planned for the intranet.</p> <p><u>Chat Back</u> – the local staff survey Chat Back commenced week commencing 18th July, to date there are approximately 800 returns.</p> <p><u>Kings Fund</u>– visiting on Thursday, 28th July to launch the new EAU refurbishment.</p> <p><u>HR Branding</u> – Ongoing, Medical Illustration have sent through proposals.</p> <p><u>Local Media Coverage</u> – following recent negative news coverage on the outcomes from CQC visit, JV queried whether the Trust needed a different approach to promoting the Trust; ST reported that improvements from the action plan against the issues raised in the review would be highlighted. JN commented that the positive stories, such as the new Dementia Garden, were not being printed by the paper in a timely manner.</p>	
<p>5.</p>	<p>Audit Reports Progress</p>	
<p>5.1</p>	<p>Job Planning</p> <p>CM commented that the work on the Job Planning framework has been revised and is currently with the LNC Consultant body for comment and ratification.</p> <p>She stated that the actions from audit did not come from the policy being incorrect, it was because the policy wasn’t complied with, however, minor changes have been made and it will be the responsibility of Operations to implement.</p> <p>It is hoped that the framework will be ratified within the next couple of weeks so that we can get an informal agreement to out live prior to formal ratification in September at the LNC meeting. Vivien Hall will then cascade and ensure more effective monitoring and auditing.</p>	
<p>6.</p>	<p>Strategies</p>	
<p>6.1</p>	<p>HR Strategy Implementation Plan Progress Update</p> <p>DW outlined the progression on the implementation plan of the HR Strategy that had been revised to take account of the integration with TCS. See full details within the report presented.</p> <p>With regards to the recent Chat Back initiative, DW queried whether there was any way we could identify any areas within the Trust with low returns in order to promote and</p>	<p>CM</p>

	<p>encourage staff to participate. CM stated that this information was not yet available but agreed to follow up on this.</p> <p>DW stated that the Health & Wellbeing Strategy is due for review in October and will, therefore, be taken to the November HR Sub-Committee.</p>	MB
6.2	<p>Communications Strategy Implementation Plan Progress Update ST briefly outlined the headlines in the report on the implementation plan of the Communications Strategy which had been revised to take account of the integration with TCS.</p>	
7.	<p>Health At Work Pledges MB informed that she has requested further information regarding this initiative from the Department of Health and will report back in more detail at the next meeting.</p>	MB
8.	<p>CRB Checks – Update Report CM advised that CRBs for transferred community staff were not portable, therefore a plan has been devised and checks are well underway. The timeframe for completion is by December 2011. To date, approximately 125 employees have received clearance, which is approximately 11% of community staff. The turnaround for CRB clearance has reduced to 3 days due to the use of E-CRB which will also have a great impact on recruitment and there are plans to write a business case to continue with the use of this system.</p> <p>Following a recent audit, there is a requirement for us to report to this committee on a 6 monthly basis on CRBs generally, which was due at this meeting. However, this has been deferred until September so that we can get an understanding of the community as well as the Acute. The data for the acute had originally been recorded on a database, but now this is recorded directly on to ESR. All data will, therefore, be transferred to ESR and we will a complete combined report.</p>	CM - Sept Agenda Item
9.	<p>Honorary Contracts Item deferred.</p>	
10.	<p>HR Policy Development/Update</p>	
10.1	<p>HR Policy Development Plan DW outlined the 12 month plan to harmonise all HR Policies in relation to RWHT and PWPCT policies. The plan prioritises which policies will need to be in place to meet the NHSLA standards and subsequently will need to be agreed at September HR Sub. Both HR leads and union leads had been nominated to work through the detail of the policies in partnership.</p> <p>LN stated that she had met with the NHSLA Inspector last week regarding OP41 Induction Mandatory Training Policy. The inspector has advised that they will be looking at monitoring all parts of the processes within the policies, therefore, the Trust must ensure that that processes in place are actually carried out.</p>	
10.2	<p>HR15 Prevention of Harassment & Bullying Policy KE advised that the policy has been reviewed by Staffside at their meeting and approved; the Policy will now go to the August meeting of the JNC for formal ratification.</p>	

	Policy approved by HR Sub-Committee.	
10.3	<p>HR14 Work Experience Policy</p> <p>LN advised that the Policy was presented to HR Subcommittee for operational feedback, following this, the Policy was presented to TMT but was rejected because the Divisional nurses wanted to comment on it. She queried the level of engagement and whether Operation teams were involved in the discussions and review of Policies.</p> <p>DW stated that it is the expectation of Operational Managers to be involved and this needs to be discussed with LG and TP; she requested HR leads to ensure there is awareness at Divisional meetings as well.</p> <p>CM queried whether we need to approach the Operational Managers to identify whether to have a lead manager for each policy.</p>	
11.	<p>Any Other Business</p> <p>No further issues raised.</p>	
12.	<p>Date & Time of the Next meeting</p> <p>9:30am, 27th September 2011</p> <p>Conference Room, Hollybush House.</p>	