

CHAIRMAN'S SUMMARY REPORT

Name of Committee/Group:	HR Sub Committee	
Report From:	Director of HR	
Date:	28th November 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 **27th September 2011**
Venue **Conference Room, Hollybush House**
Time **9:30am**

Present:	Name	Role
	G Argent (GA)	Divisional Manager Estates & Facilities
	Mary Brassington (MB)	Head of Occupational Health & Wellbeing
	Kerry Evans (KE)	Divisional HR Manager
	Denise Harnin (DH)	Director of HR
	Caroline Marshall (CM)	HR Service Centre Manager
	Louise Nickell (LN)	Head of Education & Training
	Tim Powell (TP)	Deputy Chief Operating Officer
	Nick Price (NP)	Divisional HR Manager
	Gemma Smallwood (GS)	HR Manager - Resourcing
In Attendance:	Name	Role
	Maria Dent (MD)	Secretary
Apologies:	Name	Role
	A Adams (AA)	Workforce Information Manager
	Jag Chahal (JC)	HR Manager
	Michelle Fish (MF)	Divisional HR Manager
	Lewis Grant (LG)	Deputy Chief Operating Officer
	Jeremy Vanes (JV)	Non-Executive
	Diane Wilding (DW) Chair	Deputy Director of HR

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1.	Apologies for Absence As noted above.	
2.	Minutes of the Previous Meeting dated 26th July 2011 The minutes of the last meeting were agreed as a true record.	
3.	Matters Arising from the Last Meeting:	
3.1	On Call Arrangements CM advised that Staffside have submitted a proposal which has been rejected; Management have now submitted a counter proposal. Overall, the project is progressing	

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	well with more information available on the current payments, however, there may be some difficulties in the availability of further modelling work over the next couple of weeks due to staff sickness in the Finance Department.	
4.	Monthly Update/Reporting:	
4.1	HR Directors Report	
4.1.1	<p>Reviewing Role of HR Sub Committee</p> <p>DH stated that following the OD events held in the summer, she would be reviewing the role of the HR Sub Committee. She asked the views of the Operational Managers on the reporting of the Divisional KPIs and whether this information is reviewed at other Divisional/directorate meetings. TP confirmed that all KPIs are reported and reviewed at the Performance Review meetings via a Department dashboard. GA commented that for his area, he does use the data produced by Alan Adams but not the HR Sub-Committee report. KE commented that the report produced for HR Sub Committee for Division 1 is also reported to the Divisional Business Forum and to the Divisional Management Committee which is held quarterly.</p> <p>TP agreed that this data did not need to be reported at this meeting; GA commented that this meeting should be to discuss strategic policy and 'forward looking' rather than a meeting that looks at operational performance. DH agreed and proposed a policy and strategy input quarterly meeting with Operational Managers and an HR Governance meeting with the HR team which would look at HR performance against policies.</p> <p>DH stated that she would give some further consideration to the new meeting format and review the Terms of Reference and will clarify at the next meeting.</p> <p>TP suggested that the data and information received from AA should be reviewed and tailored to ensure more user friendly. LN suggested that sharepoint should be utilised to enable easy access to all reports and save having to send out a large number of reports via email.</p>	DH
4.1.2	<p>Industrial Relations</p> <p>DH advised that nationally there is a lot of musings going on regarding a national strike at the end of November which will cause massive disruption across public service organisations.</p> <p>DH informed that 3 briefing sessions for Contingency Planning are scheduled throughout October for Operational Managers, Directorate Managers, nurse leads and heads of departments where legal update will be given and workshops run. These contingency planning events will prepare the Trust, not only in the event of industrial action, but for any other outbreak event ie flu and norovirus, etc.</p>	
4.2	<p>Division 1</p> <p>KE provided highlights for Division 1.</p> <p>Sickness absence in August saw a slight decline at 5.22%, there are some hotspot areas, but 75% of the Directorates are above the 4% Trust target.</p> <p>The Division has seen an increase in Locum and Agency spend in July but Bank spend did reduce slightly. This is to cover long term sickness absence and maternity cover.</p>	

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	<p>Vacancies are currently quite low in Surgery.</p> <p>Locum expenditure for Head & Neck Directorate was quite high due to two consultant vacancies but one of these posts has now commenced with the other starting in October. There are also two new Consultants in ITC and Anaesthetics and Theatres, which are due to commence soon.</p> <p>In the Community area, there are no issues in Agency and Bank spend;</p> <p>Divisional appraisal compliance is good, currently at amber.</p>	
4.2	<p>Division 2 Report TP provided highlights for Division 2:</p> <p>Sickness absence is higher than desired, with some challenged areas in the Acute in A&E and EAU. The Divisional team are satisfied that the Stage 3 and Stage 4 cases are being managed appropriately. There are a couple of areas that have ceased their sickness review workshop, but have spoken with MF on this.</p> <p>Appraisal compliance is disappointing as there has been a slight deterioration.</p> <p>Agency spend is significantly higher but there has been a constructive meeting held to address.</p> <p>Casework is as in the report, however there are 3 Employment Tribunals pending.</p> <p>Training compliance is acceptable, but there are some hotspots in A&E and Emergency services.</p> <p>CM queried the lapses in nursing registration and wanted to ensure that the Trust processes were adhered to. GS advised that the Trust receives notifications which are either received directly by Nurse Recruitment or by the Matrons; the individuals are sent direct reminders too. For those reported, the Nurse Recruitment Team had followed up and the nurses were down-banded, but GS understood that these members of staff have now re-registered.</p> <p>Following discussion, it was agreed that the Trust Policy, which is due for review, should be amended to reflect the Management view that staff should be put on unpaid leave in the first stage of the process, barring extenuating circumstances, followed by the options to down-band or take annual leave.</p>	CM/GS
4.3	<p>Estates & Facilities GA presented the highlights for Estates & Facilities:-</p> <p>Community data is showing poor compliance, whether sickness, appraisal or mandatory training but he did not have the background information and was unsure that the data was completely accurate so had arranged to meet with LN and her team to review in more detail.</p> <p>The collective grievance raised by a number of staff in the Estates Department has now been resolved in favour of the staff.</p> <p>Discussions are ongoing regarding the transfer of PCT Estates to RWHT, to take place</p>	

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	<p>in April 2012, which will affect 25-30 staff transferring by TUPE.</p> <p>A report will be submitted to Directors regarding the recommendation of awarding the contract for the Retail Project and shops across the Trust. This will affect 5-6 members of staff who will be subject to a TUPE transfer; the project has received full support from Staffside.</p>	
4.4	<p>Corporate Report NP presented the highlights for Corporate services.</p> <p>Turnover is showing a high figure, but upon investigation this is due to people reaching retirement age.</p> <p>Agency usage within the Corporate area is mainly within the Finance Department which is to cover long standing vacancies.</p> <p>Sickness absence has seen a slight increase but is still below Trust target.</p> <p>Appraisal and Mandatory training figures are showing a similar trend to Estates & Facilities, NP reported that he will meeting with the Heads of Service and LN and her team to investigate the anomalies in data held by Managers and the Database team. As the reporting data is lifted from ESR, CM commented that AA is continuously working on the ESR database to ensure that it reflects the true Divisional and Directorate structure following TCS.</p>	
4.5	<p>Occupational Health Report MB presented the highlights from the OH report:-</p> <p>Flu vaccination programme - all publicity material has been received and ready to distribute with the vaccines due at the beginning of October. A programme has been scheduled to include visiting all wards, walk-arounds the Trust, visits to Community areas and providing early clinics and late clinics, in order to capture as many staff as possible. The aim is to reach 75% or more of staff inoculated. As an incentive to staff, D Loughton has authorised shopping vouchers for every 250 staff.</p> <p>Measles Checks – the team have commenced measles checks for all community staff.</p> <p>Sickness referrals – a larger number of management referrals have been received than previously reported, mostly referring to community staff and a workshop will be scheduled with Community Managers to advise on the process and procedures for referrals.</p> <p>DH stated that David Sutton, Non-Executive has requested to meet with DH and MB on Health & Wellbeing.</p> <p>Site Walking – the Physiotherapy site walk will be scheduled for the 1st and 3rd Monday each month and will be led by a qualified walk leader.</p> <p>TP queried the number of DNAs for OH appointments reported by MB as he would like to understand the issues around this in order to address; DH requested MB to give further consideration in addressing.</p>	<p>MD – diary</p> <p>MB</p>

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4.6	<p>Education & Training Report LN provided highlights from the Education and Training report:-</p> <p>Deanery – following problems in Anaesthetics, the GMC has put the level of Assessment at Level 1 for educational supervision which may affect our compliance of Standard 2 of NHSLA; J Odum is to write formally to ask for a reassessment. DH queried how the Trust is tracking the actions and recommendations by the Deanery; LN advised that a full action plan has been signed off by the Clinical Director and College tutor and this will go back to the Deanery at the end of October. DH stated that we need to start looking at governance around medical education and training to ensure compliance.</p> <p>Standards & Quality Performance – only issue is local induction and returning of paperwork to the E&T database; however, for NHSLA we need to improve compliance across all areas of the Trust.</p> <p>MPET review – it was expected that there would be a reallocation of SIFT funding which would have benefited the Trust as the Trust had received an underpayment of £2.4m, but because of the Secretary of State's White Paper, a decision has not yet been made on how to carry this forward and it is unlikely that we will get the redistribution for the next financial year, probably for the year after.</p> <p>TP stated that a number of Consultant business cases have been approved at TMT recently and had gone through on the basis of SIFT funding, so queried if these would now be at risk; LN stated that SIFT is fully allocated in the current year, as advised by the Finance Team. The Divisional accountants have now put distinct lines within the Divisional budgets where appropriate.</p>	
5.	Audit Reports Progress	
5.1	<p>Job Planning CM advised that the Job Planning Framework, which was the policy side of the Audit, has been ratified by LNC at their recent meeting. The second part of the audit is around compliance and a meeting has been scheduled for end of September which will be led by J Odum and V Hall to ensure compliance roll out and building an audit tool. The HR obligation of the audit has been met, however, CM is continuing to support J Odum and V Hall in the implementation.</p>	
6.	<p>Seasonal Flu Plan – 2011-2012 As previously reported in OH update, MB advised that 5,000 vaccines have been ordered and although there is a hierarchy of priority for vaccinations, in reality, anyone who requests it will receive the vaccination, however, the DOH guidance asks that we demonstrate that we recognise the priority groups. DH requested MB to send out an email to advise TMT members on this as it had been raised at the last meeting.</p> <p>MB also stated that we have asked staff to inform their Managers if they have received their vaccination at their local GPs, in order that we can keep Trust statistics up to date.</p>	MB
7.	<p>Annual Stress Report CM advised that the Trust risk assessment has been reviewed and the risk has been upgraded from C2 (yellow) to a C3 (amber) which now means that it will appear on the Trust Risk Register. The rationale for increasing the rating of this risk is because the Trust initially reporting circa 30,000 in lost hours in sickness due to stress but, over the previous financial year, the Trust lost 46,000 hours which equates to 6,167 days.</p>	

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	<p>Looking at an analysis of the first 5 months of this year against last year, the figure is slightly worse, however, we do have to take into consideration the TCS process. We also looked at the Staff survey results, which have given mixed results and looked at the HSE indicators which are going up.</p> <p>To address, the Trust Policy implemented approximately 18 months ago introduced local departmental risk assessments with local action plans to address; so the mechanisms are in place which should be driving this down. The H&S department has now developed a quality and efficiency tool to review all the returned risk assessments; this work is scheduled for Quarter 2 and the focus will be on stress.</p> <p>DH asked how this is being fed through to Governance where Health & Safety is discussed; CM advised that previously this had not been reviewed, but as the risk has now been upgraded, this issue will now be reviewed on a regular basis. CM agreed to forward the report to Maria Arthur, Governance Manager, for information and to flag concerns around quality assurances and to reiterate that this issue should be a dual responsibility between HR and Governance.</p> <p>CM advised that the H&S department have now also recognised that they need to provide a report following the assessment of Departmental Risk assessments on Stress on emerging trends and patterns, and have agreed to provide this before the end of this financial year. GA and TP raised concern on having to wait for six months for this report due to the importance of the information; CM agreed to contact Maria Arthur to register the concerns of the HR Sub Committee and the Operational Managers present on the timeline and to request more detail on this.</p>	<p>CM</p> <p>CM</p>
8.	<p>HR Policy Development/Update DH advised that the following Policies had been reviewed to meet the NHSLA standard requirements.</p>	
8.1	<p>HR04 Engagement of Temporary Workers KE outlined the amendments to the Policy:-</p> <ul style="list-style-type: none"> • Policy outlined the induction requirement for all temporary workers engaged by the Trust, including Bank, agency, locum and fixed term appointments with 12 months service or less. • Policy insures that a local induction is in place and records are maintained for all temporary workers. • Policy now includes a section for how Trust Bank staff are inducted. • Policy now includes the responsibilities of Trust Bank Managers. <p>The Policy has been circulated previously for comments and brought to this meeting for approval.</p> <p>LN proposed two minor changes to the wording; and will liaise with KE outside of the meeting.</p> <p>TP commented that he too had some queries regarding locum medical staff re practicalities out of hours and would discuss further with KE.</p> <p>CM commented that there needs to be some engagement regarding the audit process as we do not have a central database and also queried whether DH, as HR Director, would be the owner of an audit request; it was agreed to amend this to someone more appropriately.</p>	<p>LN/KE</p> <p>TP/KE</p> <p>KE</p>

