

**MINUTES OF THE WORKFORCE COMMITTEE  
MEETING HELD ON 23<sup>RD</sup> APRIL 2013 IN THE  
BOARDROOM, CIC**

**Present:** Shirley Reveley, Non-Executive Director/Committee Chair (SR)  
Judith Anderson, HR Development Manager/Head of Equality (JA)  
Mandy Annis, Head of ES Bureau (MA)  
Alison Beck, HR Business Partner (AB)  
Vicki Bruce, Non- Executive Director (VB)  
Louise Corlett, Deputy Business Unit Director, Surgery (LC)  
Alan Davidson, Director of Estates and Facilities (AD)  
Isla Edgar, Deputy Director of HR (IE)  
Damian Gallagher, Director of HR & OD (DG)  
Anne Hayton, Head of Recruitment (AH)  
Jean Hill, Training Manager (JH)  
Ann James, HR Business Partner (AJ)  
Christine Lightfoot, HR Business Partner (CL)  
Kath Livingstone, HR Business Partner (KL)  
Brian Lorimer, HR Manager (BL)  
Dawn Mahone, Occupational Health Advisor (DM)  
Sheila Marsh, Head of Library & Knowledge Services (SM)  
Barbara Monk, General Manager, Medicine (BM)  
Liz Moloney, Head of Education & Training (LM)  
Anne Pearson, Blood Sciences Services Manager (AP)  
Stephanie Preston, Deputy Business Unit Manager, Clinical Support  
and Cancer Services (SP)  
Diana Shead, Head of Physiotherapy (DS)  
Carly Sparks, HR Adviser (CS)  
Ann Stringer, Director of HR & OD – Northumbria Healthcare FT (AS)  
Rhia Whytock, Communications Officer (RW)  
Chris Bird, Senior Midwife (CB)  
Paul Wiggins, Deputy Director of IT

**In attendance:** Morven Smith, HR Consultant – Northumbria Healthcare (MS)  
Janet Armitage, HR Assistant – minutes (JBA)

**WFC10/13 APOLOGIES FOR ABSENCE**  
Apologies for absence were received from Pauline Isaac, Andrew Pounds,  
Anne Musgrave (Chris Bird representing), Val Whitwood.

**WFC11/13 MINUTES / ACTION POINTS FROM PREVIOUS MEETING**

The minutes of the meeting held on 5<sup>th</sup> March 2013 were agreed as an accurate record with the following amendments:

Page 1, Present – Farouq Din, Head of Information be shown as present.

## **WFC12/13 MATTERS ARISING**

### Strategic HR Issues

AH clarified that the matter of using NHFT as an umbrella body for DBS checks has not yet been resolved. MS will follow this up and liaise directly with AH.

### TNA

LM reported that Postmasters had been circulated on 9<sup>th</sup> April 2013 relating to the availability of the revised TNA. A business case has been approved for additional resuscitation resources, and a business case for additional moving and handling resources is currently being finalised.

### NHSLA 3.08 Harassment & Bullying

BL had prepared a chart which was included in the papers of the meeting. SR asked if there was a timeline for when each case is to close. BL advised that they all have proposed completion dates.

### Staff Survey Steering Group

RW reported that a weekly staff update is being circulated every week. This action was noted as complete.

AS had sent the questions for the Survey Monkey. This action was noted as complete.

### Learning and Development

LM reported that all appraisal data was now being recorded in OLM. The backlog of appraisals will be uploaded this weekend by McKesson. IE added that further meetings are in place in the Trust to track progress on actions. This action was noted as complete.

### Appointment of Non-Executive Director to the Committee

It was recognised that SR had been appointed to the committee as a Non-Executive Director and now the Chair, and therefore this action was complete.

### QIP Mid Term Submission

LM had received a report from the Deanery in response to their ADQM meeting on 23<sup>rd</sup> Feb 2013. A small action plan was written in the report from the Deanery and outstanding issues were being addressed in line with a time frame identified in the ADQM report. Three actions were required for February and March which have been completed and forwarded to the Deanery; four are required for July responses and are being compiled. It was noted this is in hand and on-track. IE added that the risk rating on the

HR risk register had been 20 however this risk has been re-evaluated and brought down to 15. Progress is being made.

#### CQC Outcome 14 Action Plan

With regard to Safeguarding Children and Young People, the NHCFT model has now been adopted in NCUH on 5<sup>th</sup> April (information on TNA). There are now only three levels of learning. That being said, a new document was sent from the DH dated March 2013, which has required facilitators from both sides to meet and include within their training plans.

#### HR Performance Indicators

SR asked if the sickness absence rates have been aligned. VB explained that the data which has been recorded is "reasons for absence" but does not accord with other information Northumbria have. It was noted that this would be addressed by MA later in the meeting.

#### Learning and Development – Core Training

SR noted that the Trust needed to reach the 80% target. LM explained that this was the new compliance target which had been set from April 2012 to the end of the financial year.

### **WFC13/13 CQC OUTCOME 12 PCA**

#### NHSLA 1.10 pre-employment checks

AH reported that in all but one area the Trust is compliant. The outstanding area is the criminal records checks. For the quarter to March 2013 where all new starter records were checked, 12% (which equals 11) did not have CRB clearance on the start date. CQC allow under exceptional circumstances for people to start without clearance on the proviso that supervision arrangements are in place, however the Trust accepts the organisation is not compliant with CQC standards because 12% cannot be regarded as exceptional. Six offers of employment were withdrawn because of unsatisfactory pre-employment checks or unsatisfactory references. AS noted that controls are in place, and agreed to follow up with atlantic data regarding using NHFT as an umbrella organisation for electronic CRBs which would speed up the process.

DG clarified that staff who do not have CRB are under supervision on the wards. AH confirmed this was the case; the sisters sign a letter to say that they will arrange a formal supervision arrangement to be in place. This is placed on the personal file for people who have not had checks completed. AS said she would wish to be assured that there is no-one who is working with children who has not been CRB checked. AH confirmed this was the case.

VB referred to 12B. AH explained that there are statistics attached to this paper for appraisals for mandatory training, etc, which form the requirement to 12B. 12B states the forecast target was 80% for completed appraisals. The outcome measure summary shows 73.68% was achieved.

AH noted that 12C is a repeat of 12A but there are some additional tables which give additional information about disciplinaries, sickness levels that have been picked up for existing employees.

SR asked what the status is of this paper now. AS said it goes forward to Trust Board. NL noted that this committee is responsible for recording what this group is doing. SR noted that the committee can assure the Board through the minutes that this has happened. NL added that all 16 reports relating to CQC go through governance committee and Trust Board.

AH advised that item 5 is the same information set out in a slightly different way for NHSLA requirements. NHSLA requirements are purely around pre-employment checks however again the Trust has to show they are only 88% compliant for the CRB checks. As there is provision in the Trusts recruitment policy whereby new starters can commence work without having receipt of the outcome of the CRB check, then the Trust is in fact complying with its own policy.

**WFC14/13 CQC OUTCOME 14 PCA**

LM noted that this is a similar process to outcome 12; the submission is yellow. Appraisal completion falls short of the 80% target though has increased significantly over recent months. Mandatory training rates have also increased significantly in area such as Information Governance, Safeguarding Children Level 1, Safeguarding Adults. LM reported that with regard to Child Protection particularly the figures are starting to increase.

Clinical supervision training has now been commissioned through the University of Cumbria and LM explained that 50 places have been pre paid , with the first cohort (12 staff) commencing in March 2013. There are 38 more places to be filled. LM is co-ordinating the filling of a further two cohorts with Lesley Carruthers and Heads of Nursing. Though it is recognised that a more formalised, structured approach is required to ensure that there are a required number of clinical supervisors for staff and that records are held and maintained.

LM noted that with regard to CQC outcomes; Outcome 14 is the only one to have an action plan which related to the historical low appraisal rates, low update of mandatory training and no formalised clinical supervision structure in place.

**WFC15/13 NHSLA 3.1 CORPORATE INDUCTION**

LM presented a paper which described the levels of attendance at corporate induction, which is a mandatory requirement for all new starters prior to taking up post. This will be reported quarterly to Workforce Committee.

**WFC16/13 NHSLA 3.2 LOCAL INDUCTION – PERMANENT / 3.3 TEMPORARY WORKERS**

LM noted that 3.2 and 3.3 are a combined report. The paper outlined the

return rates of local induction checklists. Those which have not been returned are now being followed up via the Deputy BUDs. This will be reported quarterly to Workforce Committee.

**WFC17/13 HR RISK REGISTER**

IE explained that it was agreed this would be reviewed quarterly. Some new risks have been identified and a two will be moved off. The changes in the risk register were highlighted as follows:

- Recruitment and employment checks have been rescored from 9 to 12 because of the volume of CRBs not coming back in time for start dates.
- Training and ESR recording was 20 and moved to 15 because it was felt that a lot of progress had been made in training on the OLM system.
- Training around the self-assessment report was 20 down to 15 because it was felt that the meeting with the Deanery went well and the QIP is more in line with Deanery requirements. LM added that with the appointment of Chris Tiplady and his leadership that progress on monitoring the QIP, the new assessment report and the SAR are on track for final submission in July 2013. CT is actively involved in business unit's discussions where issues of concern have been raised, with progress being made.
- TNA was 20 down to 15 because it is now in place; there are a few gaps because of resource issues however plans are now in place to fill these.
- IE explained that work experience placements have been suspended temporarily because of resourcing issues. The main risk is the relationship with local schools. PW asked if local schools are being informed. LM said they are doing it as and when the letters come through. LM suggested there is a learning and development post planned and that a business case is compiled for this, to cover the areas of work experience and volunteers. IE added that with regard to volunteers the Trust does not currently have anyone who co-ordinates volunteers. SR suggested that the government initiative for pre-student nurses should be discussed at a future meeting.
- LM felt that medical devices were an area of concern because they did not have a really co-ordinated system in place for recording training relating to this. Work is being undertaken with Ryan Crellin in surgical services so this will improve. LC agreed to pick this up with LM. LM added that there were inventories but no correlation between that and the training. AD added that RC has provided a draft policy for education and training. AD has asked RC to look into the medical devices training and a link into the Business Unit

structures so they reflect what is in the policy. AS asked how peoples competencies are recorded because they need to do it through a competency framework through OLM. NL said the training and the draft of this is being circulated. Part of RC's role is that he has updated the training policy and as part of this he will do an implementation plan. AS noted that there is a lot of work to do. LM will lead on this.

- IE noted that the two points at the end are to be removed because there are reporting systems in place.
- IE explained that the summary document demonstrated the key financial risks and explanation of what is in place to mitigate this.

### **WFC18/13    STAFF SURVEY**

SP reported that they took each of the questions which were of concern and have identified a lead from within the Business Unit to co-ordinate and lead on this specific issue. They have implemented the walkabouts within the Unit and have a programme planned. The second newsletter has been issued. Notice boards in all areas have been implemented so the original charts and newsletter will go on those areas. CTL added that there have been regular walkabouts from Business Unit Directors and the Heads of Department and feedback into the management team. SP said they are just waiting to implement the team brief.

AS noted that they are resurveying staff via a survey monkey each month.

BM reported that within Medicine it is a very similar approach. They are doing the walkabouts and BM reported that with regard to incident reporting they are linking in with Clinical Directors. It is in their remit that they have to implement weekly meetings and incident reporting will be covered. AS asked what specific actions there are. BM said there is a specific piece of work around the Professor Haslam complaint, working with Alison Proudfoot and the staff.

LC explained that the surgical division has implemented the notice boards in each area and walkabouts. LC was pleased to report it is amazing how proud the staff are. They are working on a second newsletter and making sure that the Business Managers are visible in their areas every day which they were not doing before. Ward Sisters have to identify their top three priorities to give them some ownership of what is happening in their areas. Progress is being made but there is still a lot of work to do. LC added that the staff will be given Ulysses training so they understand how to effectively close down an incident and can cascade that training.

DS noted that the Survey Monkey still does not have AHP as a drop down. There is in the national survey. AS agreed to pick this up.

**ACTION:** AS to pick up that the Survey Monkey does not have a drop down for AHP.

**WFC19/13 HR PROGRESS TOWARDS ACQUISITION – WORKSTREAMS UPDATE**

**1. Learning and Development**

LM spoke about a workstream meeting held on 5<sup>th</sup> April 2013. One of the areas was around the TNA which we are now aligned to. Workbooks previously compiled against the NW framework are now being replaced. Northumbria has provided some mandatory workbooks for distribution to NCUH staff, however all refer to Northumbria hospitals, contact details etc. therefore these are being localised to North Cumbria. LM reported that Learning Disabilities, Safeguarding Children Level 1 & 2 Safeguarding Adults Level 1 are all nearing completion and will be available by the beginning of May, with Essence of care by the end of May.

LM added, with regard to quarterly compliance, MS had mentioned it would be good practice to set specific months that individual Business Units would be required to have completed their mandatory training. The Trust has mirrored Northumbria's approach regarding this. A draft plan was tabled at the meeting and was noted. Business Unit training plans are being created to identify all the departments within the service, dates of completion and number of staff. This will be dated from the end of June to the end of December leaving January and February as 'mop up' months. AS added that it has been done this way because January, February and March are busy months in the hospital so it is a good idea to get training completed before the heavy months. Also if there is a lot of face to face training to be done it allows the trainers to be able to plan this effectively. The issue of Bank Nurses on the list was raised and IE agreed to speak with LM directly because there are some with substantive posts. SR noted that IE and LM will provide an update to the next meeting.

**ACTION:** IE to discuss mandatory training for bank nurses with LM directly and provide an update at the next meeting.

FD noted that there are still some training courses which are not yet available. If there are quite big numbers that they have to take out to deliver those they need them in place immediately. IE and LM will pick this up outside the meeting.

IE asked LM if she is meeting with managers separately to see if they want to renegotiate their deadline dates. LM confirmed she was and would bring the final draft of the plan back to workforce committee in May, and this will be monitored monthly thereafter.

DS noted that a lot of mandatory training on the TNA was a one off. DS asked what will be classed as a one off or if they are starting afresh and what is transferrable. LM explained that on the new revised TNA available

on the Staff Web it identifies if staff have undertaken the old “Core Mandatory Skills Programme” that this will be set against 4 programmes of learning as compliant i.e. SGA, SGC Level 1 Non Clinical, Health and Safety and Bullying and Harassment. In addition Equality & Diversity training which was previously every three years is now “a one off” episode of learning, this too will be reflected in the next set of reports.

AD clarified that the documents presented were draft at this stage. LM agreed and added that there might not be the right identified leads. AD noted that they are not so it may be better to withdraw them. LM agreed to review these documents with the Line Managers. SR noted it is being managed. AS asked if this can be brought to the next meeting. IE suggested that the Business Units report back on compliance on a quarterly basis so that this committee will be assured on the position.

ACTION: Agenda item for next meeting.

#### **WFC20/13 HR AND GOVERNANCE**

IE gave a verbal report. All the HR policies have now been reviewed and a gap analysis has been produced. Work is almost complete around the equality annual report which JA was working on with her counterpart in Northumbria. Plans are in place to roll out manager self serve for ESR. There will be a lot of data cleansing which is a big piece of work. They are looking to roll this out initially in Medicine and Pathology, and also have a plan for the rest of the organisation. It will take 12-18 months to complete the task because it is a big exercise.

IE spoke about the project being undertaken around EWTD in both organisations in terms of monitoring and people who opt out and those who do not.

SR received IE’s verbal report and noted there will be updates as appropriate. MA suggested that there is a report on manager self-serve at every meeting. This was agreed.

ACTION: Workstreams is to be an agenda item for each meeting.

#### **WFC21/13 HR PERFORMANCE INDICATORS**

##### HR and Workforce

MA presented the dashboard. MA reported that there are still a lot of unknown reasons for people leaving the Trust and the Bureau will monitor any termination forms.

SR asked about exit interviews. MA said it is in the policy but not who should be monitoring them. AD said it should be the line manager but there is a gap here. AS asked that this be picked up. Capita do Northumbria’s and they just pick it up as a report. IE agreed to pick this up outside the meeting.



MA reported that with fixed term contracts there might not be a completion date so HRBPs will pick this up.

MA reported that reminders are sent for re-registrations of professional registrations. IE added that some staff do not re-register on time so are stopped from working at that point.

MA reported that sickness absence has reduced. MA agreed to present the reasons for absence every month. If the reason for absence is not specified, the Bureau will ring the managers and find out what the reasons are. AD said there are certain GPs who seem reluctant to put a reason. MS said we need to challenge this. It will be picked up as part of Occupational Health work which is commencing soon.

AS noted that the open-ended sickness figures do not seem to add up. MA agreed to check the figures.

**ACTION: MA to check the open-ended sickness figures.**

AD noted that in the individual business unit performance the Trust target is 4% and it should be 3.5%. MA advised that it has been changed but it was too late to send out for the meeting.

SR said with regard to the Business Unit sickness levels, there needs to be assurance that it is under control. She would expect the HRBPs and the line managers to be talking to these slides to give the assurance that they are managing their sickness.

MA agreed to report next time on anyone who has been on sick leave for over six months. AS said this needs to be by business unit. Our Non-Execs want to see the three highest business units and to know how to get that absence down. SR noted that for future meetings the Business Unit Deputy Managers are to talk to this. CTL added that this is discussed every month at all of the board meetings and with the managers meetings.

**ACTION: MA to report on long term sickness figures at the next meeting.**

#### Learning & Development – Induction

LM reported that the Trust had achieved 95% and those who have not attended are being actively followed up with various department to clarify 5%. SR noted this seems to be under control.

LM gave her appraisal figures – 73.68% complete. SR said there needs to be a huge “well done” from where the Trust came from. There has been a lot of improvement.

LC reported 65.94% completion, some achieved 80% but other areas are faltering such as Beech and Overwater. The ward staff are getting a huge

amount of support to do appraisals and they are looking at doing it in a different way.

SP reported that she has had areas that achieved 100% and other areas where they struggled due to key individuals being off sick. They need to look at cascading the training and making sure there are more people able to undertake appraisals and also condense them into a ten month period. AS added that they should also look at a ward manager doing their appraisals if they use a Band 6 it is good development for them.

BM reported that in Medicine it was a big steep climb from where they were. They reviewed it at the sisters meeting to see where there was progress so there was an element of competition which seemed to work really well. On their trajectory they had named appraisals and monitored against them which seemed to work.

**WFC22/13** **HR KEY SKILLS**

JA reported that she runs regular training sessions for managers around HR policies and the upcoming dates were circulated. SR noted this point.

**WFC23/13** **UPDATE ON SINGLE TNA**

**Mandatory Training Reports**

LM explained that these reports presented today were the last ones based on the old TNA 2012/2013. In future the reports will reflect the new TNA, though there were subjects on the TNA that required information from Business Unit leads ( this is part of the discussions LM having with BU leads) to identify their key staff who should be “tagged” against the learning.

LM presented the figures. Identifying that there had been rises in Information Governance, Safeguarding Children and in Fire Safety. A great deal of work was been undertaken to create workbooks to match the TNA for all staff. Face to Face sessions require to be planned in line with returned information from the BU leads as previously mentioned in the work stream discussion, by all Statutory and Mandatory training lead facilitators with Education and Training to meet the requirements/target dates identified on the TNA. A new resuscitation training officer (1.0 wte) will be put in place based on a successful business case.

AS suggested that Business Units can influence these numbers by making sure that the dominators are right and only getting the people who need to do training to actually undertake it. LM said when they pull the reports it is only the figures that they will be looking at. SR noted this for the minutes.

SR noted that the mandatory training by Business Units had been covered.

AD suggested that Healthcare Assistants will need to undertake level 1 for Food Hygiene because they deliver breakfast. LM agreed to include this.

**ACTION:** LM will make the TNA available to all Business Unit Managers.

VB asked if it is possible to an individual's Statutory and Mandatory training mapped on their learning history. LM said it is not, only if you have a learning pathway but they are very inflexible, any changes in programmes identified by NMLS would require the whole pathway being removed and , alterations made and then re-instated back into the system, Pathways have proved to be inefficient. LM explained that individuals need to print out their Statutory and Mandatory training requirements and review this list against their current learning history. Any gaps in learning they complete to meet the requirements of their list. AS suggested this should be picked up in PDPs and appraisals by the manager.

**WFC24/13** **ANY OTHER BUSINESS**

(a) Whistleblowing policy

SR gave an update on the Whistleblowing Policy. A paper will be brought to the May meeting. IE added that this was discussed at the Audit Committee and the revised policy has gone to Trust Policy Group.

**ACTION:** Agenda item for next meeting.

(b) Library Health & Wellbeing

SM spoke about the Library Health & Wellbeing collection. A bid had been submitted for external funding. They have developed a new self-help collection at WCH and CIC with a range of topics, healthy living, etc. SM asked all present that they help to champion this. There will be a launch on 1<sup>st</sup> May 2013 called 'Fruity Friday'. SR suggested the committee raises awareness of this.

(c) Audit Committee

SR reported that the Audit Committee had met. Grant Thornton (external auditors) presented various papers regarding issues in the NHS. DG spoke about new guidance from NHS Employers relating to severance arrangements.

(d) Updating Policies

AD explained that with regard to updating policies it is a time consuming exercise to review and update the large number of policies which need addressed. It was clarified that only policies which were due to expire should be reviewed and agreed through the current Trust process. It was suggested that any further work which was appropriate to pursue would be around undertaking GAP analysis between NHFT and NCUH. This point was noted.

**WFC25/13** **DATE, TIME AND VENUE FOR NEXT MEETING**  
30<sup>th</sup> May 2013 at 3.00pm in the Boardroom, CIC.