

# North Cumbria University Hospitals

NHS Trust

## WORKFORCE COMMITTEE HELD ON 31 JANUARY 2013

<b>Present:</b>	Judith Anderson (JA) Mandy Annis (MA) Alison Beck (AB) Vicki Bruce (Chair) (VB) Lesley Carruthers (LC) Alan Davidson (AD) Francine Duncan (FD) Isla Edgar (IE) Norman Eddy (NE) Damian Gallagher (DG) Anne Hayton (AH)	Richard Heaton (RH) Morven Smith (MS) Jean Hill (JH) Pauline Isaac (PI) Ann James (AJ) Kath Livingstone (KL) Brian Lorimer (BL) Nadia Lucetti (NL) Dawn Mahone (DM) Sheila Marsh (SM) Liz Moloney (LM)	Anne Musgrave (AM) Andrew Pounds (AP) Alison Raine (AR) Lucy Rimmer (LR) Diana Shead (DS) Ann Stringer (AS) Paul Wiggins (PW) Rhia Whytock (RW)
<b>In Attendance:</b>	Kath Crook (KC)		

<b>Apologies:</b>	Barbara Monk Eric Gardiner Neil Anderson	Louise Corlett Stephanie Preston Valerie Whitwood	
-------------------	--	---	--

		ACTION
1.	<p><b><u>APOLOGIES RECEIVED</u></b> Apologies noted, as above.</p> <p><b><u>INTRODUCTION</u></b> Vicki Bruce introduced herself to members and thanked them for attending. VB advised that this was her first meeting as Non-Executive Director Chair, however noted that the group had met in December 2012 for the first time to commence discussions regarding important workforce issues. VB re-iterated that the workforce committee has an extremely important agenda and will report direct to Trust Board. VB said that on occasion meetings can be held via video conferencing when the committee is fully established.</p>	
2.	<p><b><u>NOTES AND ACTION POINTS FROM PREVIOUS MEETING</u></b> The notes of the meeting held on 4 December 2012 were agreed as an accurate record. Actions were discussed and it is noted that all actions had been completed.</p>	
3.	<p><b><u>STRATEGIC HR ISSUES</u></b> <b>HR Risk Register – First Review</b> IE circulated copies of the newly further developed HR Risk Register, and thanked those who had commented on the first draft following the December meeting. IE advised that she had used the RAG rating from the Trust Risk Register/assessment system and scored each risk individually using the Trust risk assessment forms. IE commented that LM had developed the training risks and had scored these using the same process. IE said she would welcome any</p>	

<p>comments on the risk register which will be reviewed and approved by this workforce committee on a quarterly basis.</p>	<p><b>KC</b></p>
<p>VB noted that the risk register had a new colour category, yellow. IE advised it is based on the Trust risk assessment grading and sits between green and amber.</p>	
<p>VB stated it will be helpful to have the risk register on the agenda monthly to look at the reds and then review the full register quarterly.</p>	<p><b>KC</b></p>
<p>LM advised she had been fairly hard when assessing the training risks, however it is a fair reflection of the current situation.</p>	
<p>VB asked for comments on the risk register and ratings, and enquired if members thought they were wrong or too optimistic.</p>	
<p>MS referred to Equal Pay on page 3 asking how managed is this risk and what is the expectation? MS asked IE if she had been too hard on this one, bearing in mind the mitigation which is in place. IE advised that she will discuss this further with Malcolm Pearson for his views and re-score if necessary.</p>	<p><b>IE</b></p>
<p>AD commented that the Trust may be at risk of further claims on equal value now they are considering serving notice of intent to Interserve. AS asked AD to keep her informed on this matter as she was not fully apprised of his description of the current situation.</p>	<p><b>AD</b></p>
<p>AR referred to Recruitment Employment Checks on page 1 asking why the Trust is allowing some new employees to commence work without a current CRB check. AH advised that some exceptions are made on the basis of service needs, in line with Trust policy, at the request of the appointing manager, and supervision arrangements are formally implemented by the manager until the CRB is received. AH advised that the Trust is signing up for eCRBs and this will make the turnover quicker and improve response rates. AR suggested putting this in the risk register mitigation. AS said this risk should be higher at the moment then mitigate with eCRB. AH advised that the risk is minimised through supervision arrangements. VB concluded that there are issues with the current grading on this risk and asked that it be revisited in March.</p>	<p><b>IE/AH</b></p>
<p><b>CQC Quarterly PCA Submissions</b> <b>CQC Outcome 12 – Requirements Relating to Workers</b></p>	
<p>IE advised that the PCA document provides a narrative around the standard, together with data to demonstrate the position regarding Trust compliance rates. This information will be provided on a quarterly basis to the Workforce Committee.</p>	
<p>IE advised that for Outcome 12, employment files from recruitment had been scrutinised and they were all 100% accurate at the point of the files being handed over from the recruitment team to HR. IE summarised the measure document, that had been circulated prior to the meeting.</p>	

<p>AS asked if it is correct to have CRB at 100%, bearing in mind the Trust allowed some new employees to commence work prior to receiving a CRB check. AH advised that the 100% compliance related to compliance with Trust policy. Information was correct at the point of sign off and handover to HR following completion of all pre-employment checks and after employee has commenced work. AS commented that in her experience, the CQC would look at this and enquire why we have reported in this way, as it is really exceptional to appoint without a CRB in place. VB asked IE to look at what the percentage is of new employees commencing work prior to an up to date CRB check being received if this is not 100% at the point of starting in post. VB asked IE to add an elaborate note against the CRB measure document.</p>	IE/AH
<p>AR asked if there is an issue with professional registration. IE advised that in general there is not an issue, however particularly nursing staff who do not pay via direct debit sometimes do not have their payments made to the NMC on time, which means they can become de-registered for a short period. There is a system in place to notify staff when their registration is lapsing. This is also noted on the risk register.</p>	
<p><b>CQC Outcome 14 – Supporting Workers</b></p>	KC
<p>IE stated that LM has done a lot of work on this PCA and LM talked through the detail in the document. It was noted that this CQC standard has an action plan as the Trust is non-compliant in some areas. IE suggested that this action plan is monitored through workforce committee on a monthly basis, and asked KC to include in future agendas.</p>	
<p>VB referred to the CQC unannounced visits, particularly in A&amp;E at CIC. AR advised the review visit on Monday went well and appraisal rates and mandatory training attendance had significantly improved.</p>	
<p><b>Staff Survey Action Plans</b></p>	
<p>AS expressed her concern over the non-attendance of any of the Deputy Business Unit Directors. AS stated this is not acceptable and questioned whether the offsite meeting which they had chosen to attend was more important. VB agreed that it was disappointing and felt it could give the impression that the Workforce Committee does not have the priority from the Deputy Business Unit Directors that it needs to have. AS asked the representatives who had attended on behalf of the Deputy BUD's to feed this back directly.</p>	
<p>VB invited the Business Unit leads to feedback on their action plans:</p>	
<p>AD discussed the EFM action plan and advised that training is being delivered and direct reports are in place.</p>	
<p>AR discussed the Medical Business Unit action plan advising there are a lot of issues and actions around behaviours and communications. AR advised this issue will be discussed at the next divisional board meeting.</p>	
<p>LR discussed the Family Service Business Unit action plan advising that more detailed action plans are needed showing how objectives and changes are going</p>	

<p>to be measured.</p> <p>VB commented that the Trust are about to receive this year's staff survey results. DG advised that Auditr shows 70% staff satisfaction on wards. VB said it would be useful to compare the Auditr and staff survey results and have a paper at this committee. AS said she would like to see the questions from the staff survey that the points in the action plans are linked to noted on the documents. RH added a note of caution and advised that numbers on Auditr would have to be looked at closely to make a comparison as 100% could relate to a small group of people and it may not be that helpful to compare this with the national staff survey.</p> <p>AS asked that a survey monkey be carried out focussing on the indicators in the action plans. AS advised that this will measure the impact of improvement programmes and she will ask Claire Riley to help with this. RW agreed to follow this up. VB agreed that changes are needed on the ground by staff and managers and suggested developing a small set of questions based on the staff survey to be considered via survey monkey. VB asked that a small group of 4/5 people from this committee work on this, together with looking at the results of the new survey which would be available in the Trust soon. DG said this is a very positive idea and would set this up; this should be a small representative group from the BU's.</p> <p>RH discussed the Emergency Surgery and Elective Care Business Unit action plan. RH advised that he does regularly walk round his wards as a trio with the Business Unit Director and Deputy Business Unit Director to see what is happening and have face to face contact with staff. RH commented that they are promoting what staff do in the Business Unit by featuring them in the staff magazine.</p> <p>RW advised that in line with NHCFT there will be one weekly Trust bulletin and fewer postmasters which will allow staff to read what is relevant to them. The staff magazine will be published bi-monthly.</p> <p>DG stated that unacceptable behaviour in business units is something that we need to improve on and is keen to make this main stream to managers as this is not just an HR issue. DG asked that the Deputy BUD's pay particular attention to this in their action plans.</p> <p><b>NHSLA 1.10 Employment Checks (Audit &amp; Monitoring)</b></p> <p>IE discussed the need for an audit and monitoring tool to support the policies covered by NHSLA, which she had worked on with Nadia Lucetti. IE provided a copy of the document for pre-employment checks and advised she will bring the others relating to HR policies with more detail to the March meeting.</p> <p>NL commented that NHCFT had reached NHSLA Level 3 and asked AS how this information was presented to their workforce committee. AS advised that departments are responsible for doing their own monitoring and line managers need to take responsibility rather than HR. MS commented that it is a cultural shift moving from what NCUH were doing previously to what is being adopted now. AS asked IE to contact Kelly Shaw to discuss in more detail how the</p>	<p><b>RW</b></p> <p><b>DG</b></p> <p><b>Deputy BUDs</b></p> <p><b>IE</b></p>
--	--

	information is presented to workforce committee.	
4.	<p><b><u>HR PROGRESS TOWARDS ACQUISITION</u></b></p> <p><b>Learning and Development</b></p> <p>LM advised that there has been lots of discussion between NHCFT and NCUH as there are lots of areas to address regarding education, learning and development. Single lesson plans are being created to undertake the same work across the organisation working with current policies and procedures. By working together NCUH's induction now mirrors NHCFT and we are looking at other subject areas in the overall training needs analysis matrix which we need to mirror with an aim to implement by April 2013.</p> <p>AD stated there are lots of positives and asked why we cannot implement changes until the acquisition. AS advised there are issues with some HR policies which could be protected through the TUPE transfer, however training policies can be changed to improve the working conditions and to achieve NHSLA Level 3. DG advised if there is an improvement to service delivery union colleagues will be supportive of moving forward.</p> <p>VB concluded that this is moving along in a timely manner and compatible with NHCFT.</p> <p><b>HR and Governance</b></p> <p>IE advised that a lot of work is being done comparing HR policies and establishing a gap analysis. JA has undertaken a lot of work around equality, working with Northumbria colleagues. A project team has been established to look at HR records. ESR self-serve is being pursued as a separate project and ESR will merge VPDs, post acquisition.</p>	
5.	<p><b><u>HR PERFORMANCE INDICATORS</u></b></p> <p><b>HR and Workforce</b></p> <p>MA presented the workforce committee dashboard which included information on the following:</p> <ul style="list-style-type: none"> <li>• Workforce Snapshot</li> <li>• Age Gender Profile</li> <li>• Starters and Leavers</li> <li>• Labour Turnover</li> <li>• Fixed Term Contracts</li> <li>• Work Permits</li> <li>• Professional Registrations</li> <li>• Sickness Absence</li> <li>• Sickness Levels</li> </ul> <p>Discussion followed and it was agreed that work needs to be undertaken on several areas to data cleanse the information, and align the structures to the new business units. MA will follow this up with Finance.</p> <p>AS commented that in terms of the statistics presented NCUH need to get to</p>	<p><b>MA</b></p> <p><b>Deputy BUDs</b></p>



	<p>Cumbria.</p> <p>PW asked that for future meetings members print papers in grey scale rather than colour to save on costs.</p> <p>AS advised that the Mid Staffs report will be published next week and asked that the Francis Report be on the next agenda.</p>	<p><b>KC</b></p>
<p><b>8.</b></p>	<p><b><u>DATE &amp; TIME OF NEXT MEETING</u></b>  5 March 2013 at 1.00pm in the Boardroom, CIC.</p>	