

**MINUTES OF THE WORKFORCE COMMITTEE
 MEETING HELD ON 17 MARCH 2015 IN THE
 BOARDROOM, CIC**

Present:	Gina Tiller, Chair (GT) Chair Professor Roger Barton, Non-Executive Director (RB) Anne Hayton, Section Head Recruitment (AH) Isla Edgar, Principal HR Business Partner (IE) Sara Jones, General Manager (SJ) Eric Gardiner, Deputy Director of Finance (EG) Julie Hendry, General Manager (JH) Pauline Speight, Occupational Health Nurse Manager (PS) John Mitchell, Health & Safety Manager (JM) Morven Smith, Interim Head of HR (MS) Claire Bannister, General Manager (CB) Alison Beck, HR Manager (AB) Alison Proudfoot, Head of Patient Experience (AP) Christine Lightfoot, Principal HR Business Partner (CTL) Liz Moloney, Learning & Development Lead (LM)
In attendance:	Vicki Angel, Management PA – minutes (VA) Claire Dunn, Interim HR Advisor (CD)
WFC12/15	<u>APOLOGIES AND DECLARATIONS OF INTEREST</u>
	Apologies for absence were received from Anthony Paterson, Neil Anderson, Nadia Lucetti, Lesley Carruthers, Melanie Milne, Kelly Angus and Ann Stringer. CTL welcomed CD to the meeting. CD will be working in HR on an interim basis focussing on long terms sickness cases.
WFC13/15	<u>MINUTES OF THE LAST MEETING</u>
	The minutes of the meeting held on 2 February 2015 were agreed as an accurate record. The action plan was reviewed and updated and is attached as enclosure 2.
WFC14/15	<u>CIOH HR ACTION PLAN</u>
	IE presented the CIOH HR action plan providing an overview of the key areas for consideration.

	<ul style="list-style-type: none"> • Medical staff recruitment • Nursing Recruitment • Skills based induction for Healthcare Assistants • Managers ESR self-serve <p>AH updated the Committee around the links with the University of Cumbria (UoC) in regards to recruitment of registered nurses.</p> <p>EG updated the Committee that the procurement process for overseas recruitment has commenced.</p>
WFC15/15	<u>CQC OUTCOME 13 - STAFFING</u>
	<p>CTL presented the report to the Committee.</p> <p>CTL updated the Committee that following meeting with Ramona Duguid (RD) that this document is to be Trust wide and not split into the separate Business Units.</p> <p>CTL directed the Committee to page 13 onwards where it is highlighted that staffing is an issue – the information from this point in the report is specific to each Business Unit.</p> <p>CTL reported that the paper is suggesting we report as a yellow status Trust on this outcome. CTL explained that we cannot declare green because of vacancies in nursing and medical staffing.</p> <p>The Chair reiterated that some initiatives in the Trust such as the Recruitment Premia have had some success although this is limited, and that work is being undertaken on recruitment in nursing and medical staff. MS requested that this document is reviewed and consideration given to the workforce statistics presented to Workforce Committee regarding establishment v staff in post. The paper should then be re-considered in terms of the RAG rating, prior to submission. It was also agreed that this is to be linked to the BAF re staffing elements.</p>
	<p>Action: MS to meet with CTL and IE around this piece of work. It was agreed that the BAF is to be linked to this Outcome. MS to meet with Nadia Lucetti.</p>
WFC16/15	<u>LEARNING FROM STAFF ENGAGEMENT TIME OUT - PRESENTATION</u>
	<p>AP presented to the Committee a slide show in relation to the staff engagement time out session that took place from April 2013.</p> <p>112 sessions were held with 1,124 staff attending (26% of the NCUH workforce). 85 staff also attended follow up sessions.</p> <p>AP presented the recommendations to the Committee as:</p>

	<ul style="list-style-type: none"> • Expected behaviours • Implementation of support and supervision for all staff • Ongoing programme of staff engagement • Staff reward and recognition initiative • Respectfulness part of the Trust's values <p>GT thanked AP for presenting to the Committee.</p>
<p>WFC17/15</p>	<p><u>HR DASHBOARD OVERVIEW</u></p>
	<p>MS fed back to the Committee that the report presented was a further development of the first draft with great strides in improvement made. Thanks was conveyed to Mandy Annis (MA).</p> <p>MS confirmed this document is to be the standard/definitive document to use in terms of numbers of staff etc. and will be used in the focus of 'drilling down' into the underlying issues around staff absence/sickness.</p> <p>MS advised this report will continue to be refined and any questions to be directed to MA.</p>
<p>WFC18/15</p>	<p><u>BUSINESS UNIT SUMMARY REPORT</u></p>
	<p>All business units are required to meet their planned appraisal rates 95% and planned statutory & mandatory training rates 80% by 31 March 2015 with the exception of IG and Medical Devices, both of which are at 95%. The completion rates below are as of February 2015:</p> <p><u>Child Health</u> – Completed Appraisals 90%, Completed Statutory and Mandatory Training 82%</p> <p>SJ provided details that sickness has dropped from last month. SJ also advised there was a small overpayment in February 2015.</p> <p>SJ gave assurance that outstanding appraisals would be completed by the end of March and also that levels of reporting are robust.</p> <p><u>Clinical Support</u> – Completed Appraisals 86%, Completed Statutory and Mandatory Training 91%</p> <p>JH confirmed that the overall sickness rate is down very slightly and the area with the highest rates are Radiotherapy and Histopathology but these areas and cases are being actively managed.</p> <p>JH confirmed that the most recent report shows appraisal rates at 89.6%.</p>

JH added there are some issues with numbers regarding Pathology on the reports and Francine Duncan has crosschecked this information and also agrees some numbers are incorrect.

The Committee congratulated JH that most areas bar 1 for Statutory and Mandatory training are in green. JH confirmed that the issue around the non-green area is around GP training.

LM confirmed that is a GP has completed the training with CPFT, as long as there is confirmation of these courses being completed, these can be amend on the training record as complete and just the remaining 'gaps' are to be completed.

Corporate – Completed Appraisals 66%, Completed Statutory and Mandatory Training 91%.

IE confirmed the main issue with sickness in Corporate is long term cases but the highest areas are very small departments (1 or 2 people) so do look very high in terms of % figures. However sickness has reduced from last month.

IE confirmed that those staff who are outstanding to have appraisals are booked in with dates for these to take place. IE confirmed this information is on a spreadsheet for tracking purposes.

The Committee agreed that more forward planning is required next year for the completion of Finance appraisals.

IE confirmed she had no concerns around statutory and mandatory training.

Estates and Facilities – Completed Appraisals 94%, Completed Statutory and Mandatory Training 92%

AB confirmed that there has been a spike in domestic sickness in this period. AB confirmed some focussed investigations are required around if this was possibly to do with the dates of Half Term holidays.

Two senior managers are still to be appraised. AB to pick this up with Steven Bannister.

Medicine – Completed Appraisals 64%, Completed Statutory and Mandatory Training 83%

AB confirmed that there are some hotspots in regards to sickness reporting not being robust enough and will be working with CD to rectify this. AB also confirmed they are running with a lot of vacancies at WCH Admissions Unit.

	<p>IE agreed to bring a report back to the May 2015 meeting on the progress of long term sickness.</p> <p>From the most recent report, the appraisal rate is sitting at 69%. Wards to have plans in place to complete the remaining appraisals.</p> <p>It was agreed that if any appraisals do not take place with staff by the end of March they MUST be completed by the end of May 2015. If not, work needs to be undertaken with managers to manage this issue accordingly.</p> <p>RB added that going forward there needs to be more honesty and frankness around hitting these targets as the year goes on.</p> <p>IE fed back that the new appraisal workbook has received good feedback. More preparation is involved but this is worth it. It was agreed that the impact of not completing training needs to be very explicit when communicating with Medical staff.</p> <p>Surgery – Completed Appraisals 69%, Completed Statutory and Mandatory Training 83%</p> <p>CB confirmed that the sickness rate had reduced slightly and that the appraisal rate has also increased, which has resulted in a good improvement in a short space of time. CB did however note that comparing the reporting and sickness information on the sheets presented at the Weekly Nurse Staffing Meeting that there is a 64% rate of recording sickness on Maple.</p> <p>LM discussed the issue around some medical staff needing to be de-tagged on the learning and development system for certain courses. CB agreed that some more engagement is required with medical staff around training.</p> <p>Bank – a projected year end figure re: appraisals are round 68%. There are still some issues with managers signing of workbooks for Bank staff.</p> <p>GT closed the item by saying that lots of good work has been done here and whilst this is the case, there is still work to do over the next two weeks. Bank and Medicine can make a huge difference in hitting the appraisal targets.</p>
	<p>Action: Clinical Support: LM and CTL to meet regarding the transfer of information of previously completed training courses onto staff NCUH training record, especially in regards to GP's.</p> <p>Action: Estates and Facilities: Two senior managers are still to be appraised. AB to pick this up with Steven Bannister.</p> <p>Action: Project update from IE and CD to come to the May 2015 meeting</p>

	re: long term sickness.
WFC19/15	<u>TRUST PARTNERSHIP FORUM – MINUTES – FROM 19 FEBRUARY 2015</u>
	<p>The draft minutes were noted by the Workforce Committee.</p> <p>IE to speak with PS outside of meeting regarding referrals to OH.</p> <p>A further updated version of these minutes has been produced and will be circulated to the Workforce Committee.</p>
	<p>Action: IE to speak with PS outside of meeting regarding self referrals to OH.</p> <p>Action: VA to circulate most up to date version of the TFP minutes to the Committee.</p>
WFC20/15	<u>REVIEW OF TERMS OF REFERENCE</u>
	<p>The Terms of Reference were discussed and membership amended and associate membership also amended.</p> <p>To come back to April 2015 Workforce Committee for final sign off.</p>
	Action: Terms of Reference to come back to April 2015 Workforce Committee for final sign off.
WFC21/15	<u>OCCUPATIONAL HEALTH REPORT</u>
	<p>PS presented the report to the Workforce Committee.</p> <p>The Norovirus outbreak caused a real issue in terms of ensuring deadlines were met and targets hit.</p> <p>It was reported that 56% of the workforce took advantage of the flu jab.</p> <p>A further report will be presented to the next Workforce Committee.</p>
	Action: To be an item on April 2015 agenda.
WFC22/15	<u>ANY OTHER BUSINESS</u> None
WFC23/15	<u>DATE, TIME AND VENUE FOR NEXT MEETING</u> 21 April 2015 at 10:00am in the Boardroom, CIC.

WORKFORCE COMMITTEE ACTION LIST – 17 MARCH 2015

DATE OF MEETING: 21 April 2015

Minute Point Reference	Details of Action Agreed	Action by Whom	Target Date	Progress
WFC124/14	HR DASHBOARD OVERVIEW MS to look at fixed term contracts end dates.	MS	December 14	COMPLETED
	GM's to ensure business units terminate contracts for standalone F2 doctors.	GM's	December 14	Ongoing and COMPLETED
WFC126/14	MEDICAL RECRUITMENT UPDATE KM to action the outstanding exceptions for General Medicine at WCH and Emergency Care at CIC.	KM	January 15	COMPLETED
WFC127/14	OD QUARTERLY REPORT MS to circulate the OD plan when complete.	MS	April 15	To be circulated ASAP.
WFC03/15	CIOH ACTION PLAN IE to send John Mitchell the staff survey results.	IE	February 15	COMPLETED
	IE and CTL to review timelines and cross reference with the improvement plan.	CTL	February 15	COMPLETED
WFC04/15	HR STRATEGY PLANS			

	JC to send KM a list of OSM's who have completed their ESR training.	JC	February 15	COMPLETED
WFC07/15	CQC OUTCOME 12 AH and NL to meet and clarify compliance and wording.	AH/NL	April 15	AH to confirm with Nadia Lucetti. Quarterly sign off at April 2015 meeting.
WFC08/15	HR DASHBOARD OVERVIEW MA to refine the medical and nursing staffing report and remove the word fill and include percentages.	MA	February 15	COMPLETED
	MA to provide CB with an age profile by business unit and staff group.	MA	February 15	COMPLETED
	MA to send AS and updated training report.	MA	February 15	COMPLETED
WFC09/15	BUSINESS UNIT SUMMARY REPORT LM to send CB a list of those who have not completed specialty induction.	LM	February 15	COMPLETED
	All – push for completion of appraisals and statutory and mandatory training.	All		
March 2015 Meeting				
WFC18/15	BUSINESS UNIT SUMMARY REPORT Clinical Support: LM and CTL to meet	LM/CTL	May 15	

	<p>regarding the transfer of information of previously completed training courses onto staff NCUH training record, especially in regards to GP's.</p> <p>Estates and Facilities: Two senior managers are still to be appraised. AB to pick this up with Steven Bannister</p> <p>Project update from IE and CD to come to the May 2015 meeting re: long term sickness.</p>	<p>AB</p> <p>IE</p>	<p>April 15</p> <p>May 15</p>	
WFC15/15	<p>CQC OUTCOME 13 – STAFFING</p> <p>MS/IE/CTL to meet. The BAF to be linked to this Outcome.</p> <p>MS then to meet with Nadia Lucetti.</p>	<p>MS/IE/CTL</p> <p>MS</p>	<p>April 15</p> <p>April 15</p>	
WFC19/15	<p>TRUST PARTNERSHIP FORUM – MINUTES</p> <p>IE to speak with PS outside of meeting regarding referrals.</p> <p>VA to circulate most up to date version of the TFP minutes to the Committee.</p>	<p>IE/PS</p> <p>VA</p>	<p>April 15</p> <p>April 15</p>	
WFC20/15	<p>REVIEW OF TERMS OF REFERENCE</p>			

	To come back to April 2015 Workforce Committee for final sign off.	VA for agenda	April 15	
WFC21/15	OCCUPATIONAL HEALTH REPORT To be an item on April 2015 agenda.	PS (VA for agenda)	April 15	

RATIFIED