

GLOUCESTERSHIRE PARTNERSHIP NHS TRUST

WORKFORCE COMMITTEE

15TH JUNE 2007

Present: Lizzie Abderrahim (Chair), Non-Executive Director
Shaun Clee, Chief Executive
Kay Harrison, Director of Human Resources and OD

In attendance: Tim Coupland, RCN, Staff Side - attending for Chair of Staff Side
Linda Folley, Service Director (for part of meeting)
Sue Heafield, Head of Training
Ted Quinn, Service Director
Eileen Roberts, Communications Manager
Carol Sparks, Deputy Director of Human Resources
Sue Smallwood, Committee Secretary
Vikki Tweddle, Deputy Director of Nursing

Tim Coupland was welcomed to the meeting.

1. APOLOGIES

1.1 Apologies were received from Tracey Barber, Non-Executive Director, Kevin Jacobs, Assistant Director of HR – Workforce Planning, Robert Maxwell, Trust Chairman and Dr Paul Winterbottom, Medical Director.

2. NOTES AND ACTION POINTS OF THE MEETING HELD ON 17TH APRIL 2007

2.1 The notes of the meeting held on 17th April 2007 were agreed as a correct record.

3. ACTION POINTS

- 3.1 The progress on the action points agreed at the last meeting were noted.
- 3.2 Shaun Clee confirmed that the Non-Executive Directors now had access to the Trust's intranet site.
- 3.3 Eileen Roberts confirmed that she had attended the Working Age Adult and Substance Misuse Management Board and would shortly attend the Learning Disabilities and Older Peoples Services Management Board.
- 3.4 Kay Harrison would give an update at the next meeting regarding the query

raised at the last meeting on email protocol.

- 3.5 Action: Update to be given at the next meeting regarding the query raised at the last meeting on email protocol.**

4. MATTERS ARISING

4.1 Management Development Programme

Shaun Clee shared with the committee that he had attended the opening session of the Management Development Programme. It was positive that it was now up and running and it was important to evaluate the sessions in order to make any necessary changes. Both Sue Heafield and Ted Quinn acknowledged that it had been well received that Shaun Clee had attended the opening session.

4.2 Timesheet Review

It was confirmed that a number of pilot sites were now up and running, these included teams at Charlton Lane Centre, HR team, Hotel Services at Charlton Lane Centre, community teams and Priory Ward at Wotton Lawn. Both the new time sheet and the old format would be completed to ensure that in the event of any query staff would be paid correctly. Feedback had been positive to date and Tim Coupland had also received good feedback, and that staff were happy to be recording the actual time that they were at work rather than standard times. He also shared with the group that one individual had not completed a time sheet or F200 in the past. Carol Sparks had agreed to find out more information from Rob Stow, Paymaster Manager regarding this.

- 4.3 Action: Carol Sparks to check with Paymaster Manager details on the individual who had never completed F200 or a time sheet.**

- 4.4 Ted Quinn asked that if this was an emergent pattern to let Service Directors know.

5. HR DIRECTOR'S REPORT

- 5.1 The purpose of this item was to update the Workforce Committee on key issues and actions associated with the Human Resources agenda. The committee were asked to note the areas of strategy and procedure where the Trust did not fully meet "best practice" and agree to the recommended actions.

- 5.2 Kay Harrison briefly went through the paper and highlighted key sections.

Agenda for Change

- 5.3 It was noted that the first calculations for current staff were now completed.

Carol Sparks confirmed that she had received approximately 50 sets of paperwork for some reviews to be paid in June. There was no end date due to the complexity of the calculations.

- 5.4 She explained the process for paying arrears that were due to leavers. Managers of staff who have left would be contacted to check their last known address. The HR Department would then write to individuals at their home address asking them to confirm their date of birth, national insurance number and bank details. This would identify them as the correct person. The committee were assured that letters would not be sent to leavers unless they were due any monies. It was noted that deductions would be made at Week 1 rate which might mean that individuals were taxed more.
- 5.5 The committee were advised that as a result of doing the calculations on either reviews or arrears it has been identified that there are between 10 and 20 members of staff that have been overpaid. Staff have been advised in person about this and have been invited to attend a meeting with an HR representative and a payroll representative in order for them to understand their options. The Trust would be as flexible as possible with repayment in order not to cause any hardship but as a public sector organisation it was the Trust's responsibility to recover these monies.
- 5.6 Tim Coupland reported that some members of staff had queried their pay, on more than one occasion but were told that it was correct. The Trust has made it very clear that it was not the responsibility of the member of staff for this error and very much regretted the situation.
- 5.7 He confirmed that a regional RCN representative was monitoring the situation, and drawing comparisons and would advise how to take this forward. He further advised that as staff side organisations they accepted that it was the Trust's responsibility to reclaim any overpayments.
- 5.8 It was noted that there was a range of reasons why this had happened, it was not only ESR, but manual errors, and new systems of working.
- 5.9 The committee were informed that staff were being offered as much information as they required. It was acknowledged that staff side were taking a very constructive approach and working with the Trust to ensure that a repayment was agreed within a timescale that was reasonable and achievable to the individual.

Appraisal

- 5.10 It was noted that appraisal meetings and objectives had been signed off for all but one of the Executive Team, Shaun Clee confirmed that he was working with the individual and objectives would be signed off shortly. It was agreed that even

though there were going to be management changes it was very important to continue with the appraisal process.

Retirement and Long Service Awards

- 5.11 Kay Harrison confirmed that it had proved more difficult to clarify service dates than anticipated, it was hoped that an award ceremony would be able to go ahead in September or October. Shaun Clee put forward a suggestion that the ceremony could be incorporated to include an awards evening for clinical practice. He had talked to the Chair of Staff Side regarding this and confirmed that UNISON had offered to fund one award. It was suggested that the RCN might also like to fund an award. There would be a working group commissioned which would include staff side. Their role would then formulate how the awards would be awarded, how to judge applications etc. It was noted that there would be an award for a service user.
- 5.12 Vikki Tweddle shared with the committee that the Chief Nursing Officer would be visiting the three Gloucestershire NHS organisations in which the Trust would be able to showcase its nursing practice.

HR Strategy and Action Plan

- 5.13 The committee noted the progress that had been made to date. Their attention was drawn to some slippage against health and safety issues, this was due to the vacancy of the health and safety advisor. Kay Harrison confirmed that the Trust did have a preferred candidate and was waiting for Occupational Health clearance and references, and it was hoped that the preferred candidate would be in post by the end of July.

HSE

- 5.14 Kay Harrison confirmed that she was in the process of chasing the HSE for the report. It was confirmed that when the report was received it would be shared with the committee, the Governance Committee and the Trust Board.

Case Work

- 5.15 Kay Harrison confirmed that this was now more manageable. The HR capacity was reduced as there were two full time vacancies. An HR Manager would be starting in July and it was hoped that another post would be filled by the end of August.
- 5.16 It was noted that there had been 16 grievances that had been upheld in 2006/07 and the committee were concerned how any lessons could be learnt from these grievances. Ted Quinn explained that the majority of these grievances related to staff that were no longer employees of the Trust and had transferred to Brandon

Trust. They were issues that related to Agenda for Change and the inactions of one particular Home Manager. This was felt to be exceptional.

5.17 It was noted that the committee would receive on a six monthly basis any lessons learnt from case work. It was also agreed that details from disciplinaries would be also be shown, ie numbers of dismissal, verbal warnings etc. It would also be helpful to know the number of staff that were suspended.

5.18 The committee noted that the Trust had agreed two dates for HR/Payroll surgeries in which staff that had concerns could meet with a member of the HR Team and a member of the Payroll team. This initiative hoped to pre-empt grievances being registered by dealing with concerns at an earlier stage. The dates would be published in GPT News. Staff would be asked to forward their concerns in advance so that any preparatory work could be done before the meeting. Staff would also be asked what remedy they were seeking. Tim Coupland commended the Trust for this initiative and suggested that the use of these surgeries be an ongoing initiative, not just for pay queries but for any work related issues and recommended that this be an item for the Joint Negotiating and Consultative Committee (JNCC) to take forward. This was agreed.

5.19 Action: For the JNCC to discuss the use of surgeries.

5.20 The committee noted the report.

6. COMMUNICATIONS STRATEGY

6.1 The purpose of this paper was for the committee to agree the changes that had been suggested at the last meeting.

6.2 Eileen Roberts had met with the Working Age Adult / Substance Misuse Management Board and had received comments. The comments that she had received from this group were that the strategy was focusing too much on the staff survey as they considered that things had now moved forward. It was felt that at the time the staff survey was being completed, staff may have been venting their frustration and anger, and it is therefore important to establish a baseline for current perceptions of communications and preferred channels of communications. She is due to present this to the Learning Disabilities / Older Peoples Services Management Board in July.

Deleted: were

Deleted: .

Deleted: .

Deleted:

Deleted: had yet to

6.3 A discussion followed in which the committee discussed the best ways of communicating with staff. It was suggested that team talks be piloted for 3 months. It was recognised that having particular logos was very helpful, for example any communications regarding Agenda for Change had a very distinctive logo and therefore staff knew immediately it was about agenda for change.

6.4 Lizzie Abderrahim felt that the strategy was very internally focussed and that the Trust also needed to concentrate on externally communications, especially if the Trust was successful in becoming an NHS Foundation Trust. It was acknowledged that more of a balance was required, although the objectives were balanced between internal and external.

Deleted: .

6.5 Shaun Clee shared that he was meeting with a TV company to look at how viable it was for the company to make a short film which could be put on the intranet and also broadcast at two community roadshows in Cheltenham and Gloucester in September.

Deleted: .

6.6 The committee thanked Eileen for a significant piece of work.

6.7 Action: Eileen Roberts to present the Strategy to the Executive Team and the Learning Disabilities / Older Peoples Management Board.

6.8 Action: Communications Strategy to be presented to the July Trust Board.

7. TRAINING AND DEVELOPMENT

7.1 The purpose of the report was to update the committee on current compliance with statutory and mandatory training.

7.2 The committee were concerned regarding the low level of compliance. It was noted that there were two main reasons for staff not attending, these were sickness and not able to be released due to work pressures. Some members of staff repeatedly booked themselves on courses and then repeatedly did not attend. Sue Heafield confirmed that if a member of staff does not attend, their manager was sent a memo to that effect.

7.3 Tim Coupland felt that because the appraisal process was not embedded into the organisation statutory and mandatory training would remain an on-going problem.

7.4 Shaun Clee said that the figures in this report were totally unacceptable and that the figures were higher as they were driven up by induction. He stated that managers needed to be told that staff had to be released for statutory and mandatory training.

7.5 It was suggested that the Service Directors have this as an agenda item on their management board meetings every time in order to make the message clear.

7.6 It was acknowledged that sometimes there were emergencies and staff were unable to attend courses.

7.7 Information had been sent out to managers previously which gave details of what

training was required by their staff, it was confirmed that an update had been sent out this week. Managers had received the training profiles for their staff and the reasons and therefore should realise the need for which courses their staff needed to attend.

7.8 Sue Heafield agreed to send the profiles to the Service Directors.

7.9 Action: Profiles of staff to be sent to Service Directors.

7.10 It was agreed there were higher priorities within statutory and mandatory training, for example all staff in Wotton Lawn should have control and restraint training as a priority. The priority of training was left to local managers.

7.11 Sue Heafield confirmed that she had checked the figures, but said that some staff might have changed positions, therefore their profile would have changed, and some staff might have left.

7.12 It was agreed that the Board would be informed of the position. The Service Directors would be provided with a breakdown of staff.

7.13 Action: The Trust Board to be informed of the position regarding statutory and mandatory training.

7.14 Action: Service Directors would be provided with a breakdown of staff

8. IMPLEMENTING THE ESR ORACLE LEARNING MANAGEMENT SYSTEM (OLM) AND TALENT MANAGEMENT SYSTEM (TM)

8.1 The purpose of this report was to inform the committee of the work involved in the successful implementation of the OLM and TM systems, and for the committee to endorse the work outlined, and agree to fund temporary resources to enable successful implementation.

8.2 Sue Heafield briefly outlined the proposal. This was an additional feature to the ESR system which went live in March 2006. Additional features to the ESR system were the "add on modules" of OLM, TM and Manager Self Service.

8.3 It was noted that for the project to go ahead extra resources were needed. Kay Harrison confirmed that she had discussed these with the Director of Finance and agreed a funding stream.

8.4 The committee agreed that a project management group be set up to oversee the proposal. The key risks were that it would rely on a limited number of staff to run it, Sue Heafield and 2 administrative staff. If there were any prolonged sick leave for example, this could put the project back. The project would also run alongside other key business priorities and this could have an impact, and failure

to set up the system in the correct way could lead to inaccuracies.

- 8.5 There were clear benefits to this system, it was important to have a training administrative system to support CNST and other accreditation standards. There was an interim data base in use currently.
- 8.6 The committee agreed the proposal. Kay Harrison said that the project team would require a sponsor, and while she was happy to do this it was sometimes a better option for a sponsor to be outside of the Directorate. Shaun Clee agreed to be the sponsor.

9. FUTURE TRAINING MODEL FOR PRACTITIONER STAFF

- 9.1 The purpose of this item was to:
- put forward a proposal for the development of a series of training programmes for practitioner staff;
 - put forward a proposal for a programme of training to meet the mandatory training requirements of qualified staff;
 - gain approval to develop and deliver the recommended programmes from September 2007.
- 9.2 Vikki Tweddle explained that as part of the strategic review of training one of the themes had been to review the training needs for non-registered staff. She briefly went through the programmes of training.
- 9.3 The committee acknowledged that it was a very positive initiative. This was endorsed by Tim Coupland who also welcomed this, as he felt it put training back on the agenda for staff. He also acknowledged that it mapped to the KSF outlines.
- 9.4 It was hoped that the Trust would be able to physically give each participant a folder which would hold evidence of KSF appraisals, professional registration etc. There would be a cost of approximately £3,300 for 1000 portfolios. It was felt that this would give a positive message to staff. Linda Folley agreed to fund this initiative.
- 9.5 It was noted that there had been a lot of sickness with the HCA and it was hoped that this scheme would help address this problem. It was also recognised that the Trust should acknowledge the success of the course, and perhaps this could be encompassed in the proposed Awards Night.
- 9.6 The committee discussed the value of NVQs and they recognised that they were extremely helpful for assessing competency. At the present time there was no

clear position on NVQs within the Trust as to whether it was organisationally desirable. It was noted that on some job descriptions NVQs were required as essential, while on others it was only desirable and on other job descriptions it did not ask for NVQ. The committee were informed that the Hospitals Trust were making NVQ a minimum requirement for Band 2 staff. The committee discussed the current issues of the NVQ infrastructure. At the present time there was a shortfall of £20k which could be funded during 2007 by income generation. Staff would need to be released to undertake NVQ training for 9.5 days. In the past there had been problems with NVQ assessors being available, one option was to have peripatetic assessors but there was a cost implication to this.

9.7 Carol Sparks would check with the Job Evaluation Scheme as she thought that if the Trust were to make NVQ an essential requirement for Band 2, this would mean that they would become Band 3 posts.

9.8 Action: To check the Job Evaluation Scheme to clarify if NVQ was an essential requirement for a Band 2 post, whether this would mean that they would then become Band 3.

9.9 The committee agreed that a decision could not be made on NVQs today until further work was undertaken, but agreed that the HR Director would reflect on the discussions and scope the brief for the paper for the next meeting.

9.10 Action: HR Director to provide brief at the August meeting.

10. MENTAL HEALTH - NEW WAYS OF WORKING FOR EVERYONE

10.1 This was deferred to the next meeting.

11. KPIs

11.1 The purpose of this item was to present a description of and first monitoring report on the KPI Performance Dashboard for Workforce in 2007/08.

11.2 The report had previously been discussed at a previous meeting. The committee agreed to adopt this but acknowledged that other indicators might be added to it, following a review of The Intelligent Mental Health Board.

12. WORKFORCE PLAN

12.1 Kay Harrison introduced Kevin Jacobs' paper. She reminded the committee that the recommended changes had now been made and asked for the committee to note the changes and for the Workforce Plan to be signed off. This was agreed.

12.2 It was noted that it was a very complex document and in the future it was hoped that it would be made simpler.

13. ESR BENEFITS REALISATION PLAN

- 13.1 This was deferred to the August meeting.

14. ACHIEVING SICKNESS ABSENCE REDUCTION TARGET

- 14.1 The purpose of this item was to provide a comparison of “best practice” for managing attendance against the Trust’s strategy in order to take the correct actions to meet its agreed target.
- 14.2 Carol Sparks told the committee that she had investigated various ways of managing sickness absence as it was always useful to see what was in place in other organisations.
- 14.3 The review concluded that the Trust had a good strategy in place but it could be more connected to other policies, for example health and safety, work life balance etc and it needed to be consistently implemented. It was noted that individuals had not been reminded recently of their roles and responsibilities, and due to the significant change that had taken place it was considered timely do to this through GPT News
- 14.4 It was important to remind staff that there were work / life balance policies and procedures. Staff had realised the importance of these policies during the implementation of Improving Working Lives, but according to the staff survey staff had not been taking advantage of them. It was also agreed that it would be helpful to remind staff of any benefits that the Staff Lottery may have negotiated, ie reduced prices for alternative therapies.
- 14.5 Following discussion it was agreed that the HR team would work with managers to review individuals who had significant periods off sick and / or this related other identified performance issues. It had also been proposed that once per month managers were offered the opportunity to discuss complex performance cases with a senior member of the HR Team. If this was agreed, it would be put in place from August 2007. Managers did receive information on a regular basis regarding members of their staff who were off sick.
- 14.6 The committee needed to understand more about sickness absence, for example if there were any “hot spots”. It was acknowledged that sometimes attendance and capability were linked and it was important to work out the underlying issue to manage the problem accordingly.
- 14.7 Shaun Clee suggested that a system could be used where one manager who managed sickness well within their team, could offer help and support to another manager who was struggling.

- 14.8 The committee were asked to note the areas where the Trust was not meeting best practice, to be more pro-active regarding sickness absence figures. HR colleagues were working with staff side colleagues.
- 14.9 The committee were unsure whether staff were aware that £100k had been put aside for training. It was felt that it was important that this was publicised.
- 14.10 It was agreed that an action plan would be formatted with timescales.

14.11 Action: Action Plan to be formatted.

15. REPORT FROM THE DIVERSITY SUB-GROUP

- 15.1 The purpose of this report was for the committee to note the work of the Diversity Steering Group.
- 15.2 The committee acknowledged that there had been a range of legislative changes to various aspects of diversity.
- 15.3 Equality Impact Assessments were been carried out on existing policies, as well as ones which were being developed to reflect service re-design. Twelve managers had now been trained to carry out the assessments, and other individuals have also been trained. The assessments were published on the Trust's intranet and Carol Sparks confirmed that she had had two calls from external bodies checking whether the Trust did this.
- 15.4 Shaun Clee had recently been asked whether the Trust was committed to the Twelve Objectives - 2012, and where the commitment was and how it was monitored. Lizzie Abderrahim told the committee that some of these were shown in the Race Equality Action Plan with actions against, but acknowledged it was not all of them.
- 15.5 The Diversity Steering Group were receiving regular updates from the Race Awareness Staff Group (RASG) and were conscious that they were struggling to have meetings. The group were in the process of ascertaining what measures could be taken to take the RASG forward.
- 15.6 The committee noted it was intended to embed diversity awareness training into other training programmes. The first steps were that a module on diversity awareness had been incorporated into the corporate induction. Also the new Management Development Programme had a module on diversity.
- 15.7 It was acknowledged that there were still key challenges ahead, and that the Trust would continue to roll out the action plans, and would maintain support the RASG where possible.

- 15.8 The committee noted the work of the group and Carol Sparks was thanked for the update.

16. MEDICAL STAFFING - AGENCY SPEND

- 16.1 The purpose of this document was to provide an overview of the expenditure on agency for medical staffing in the year 2006/2007 and from April 2007 to May 2007.
- 16.2 It was noted that expenditure on nursing agency had reduced significantly over the last two years.
- 16.3 The committee discussed the reasons for the expenditure and what action might be taken. Staff Grade vacancies were being held due to service redesign and the new arrangements for Junior Doctors training. Consultant vacancies were starting to be filled however it was unclear regarding the position in Older Peoples' Services.
- 16.4 It was acknowledged that the report had used two different sources of information. The committee agreed that it was helpful to see the information.
- 16.5 Action: To check that the Job Description for Consultant for Older People had been agreed.**
- 16.6 The committee were informed that when secretaries of Consultants went on annual leave or were off sick, there was a practice that some sort of cover was provided, ie agency staff. It was believed that the secretaries did not liaise with each other before booking annual leave. Shaun Clee agreed to raise this with the consultants.
- 16.7 Action: To check the procedure that consultants secretaries use when booking annual leave.**
- 16.8 The committee would review the expenditure on medical staff agency at the August meeting.

17. NOTES FROM SUB GROUPS

- 17.1 The notes from the Occupational Health and Safety Committee meeting on 10th April 2007 had been circulated with the agenda and these were noted by the committee.

18. ANY OTHER BUSINESS

- 18.1 Tim Coupland brought to the attention of the committee that the Department of Health intended re-launch KSF. This would be a considerable programme of

work and a formal announcement was due shortly.

19. DATE AND TIME OF NEXT MEETING

19.1 10.00am, Friday 17th August 2007, Board Room, Rikenel.

WORKFORCE COMMITTEE

ACTION POINTS

Date of Meeting	Item Ref	Action	Lead	Status
9 th Feb 2007	4.5	Timesheet review to be taken to the Team Leaders Forum for discussion regarding piloting of the timesheet	Linda Folley	√
	4.9	Shaun Clee agreed to ensure that the Non-Executive Directors had access to the Trust's intranet site.	Shaun Clee	On-going
17 th April 2007	2.7	It was agreed that the Strategic Review of Training Review Group would take responsibility for prioritising who would attend, the timing of the programmes and the place of the LEO course	Strategic Review of Training Review Group	√
	3.4	Identify evaluation / success criteria.	Eileen Roberts	√
	3.6	It was agreed that a final draft of the Communications Strategy would be presented to the next meeting of the committee in June 2007.	Eileen Roberts	Agenda for June Workforce Cttee mtg
	3.8	Eileen Roberts to attend management board meetings.		√
	3.10	Kay Harrison to check if work had been completed	Kay Harrison	To be advised
	4.11	The template would be completed based on the above discussions and used as a basis for further consideration as part of the workshop.		√
	5.6	<ul style="list-style-type: none"> • The membership should allow for a director or their designated deputy to attend. • The quorum should be amended to include designated deputies, • A new duty would be added to ensure the committee evaluated the impact of the agreed strategies. 	Kay Harrison	Trust Board – June 2007

		<ul style="list-style-type: none"> The duty in relation to the race equality scheme would be amended to reflect the Trust's statutory duty in relation to the broader diversity agenda. 		
	5.7	Reports from sub-committees to be presented to the Workforce Committee at half yearly intervals.	Kay Harrison	√
	6.6	A fuller update on Agenda for Change would be given at the next meeting.	Kay Harrison	Agenda for June Workforce Cttee Mtg
15 th June 2007	3.5	Update to be given at the next meeting regarding the query raised at the last meeting on email protocol.	Kay Harrison	
	4.3	Carol Sparks to check with Paymaster Manager details on the individual who had never completed F200 or a time sheet.	Carol Sparks	
	5.19	For the JNCC to discuss the use of surgeries.	Kay Harrison	
	6.7	Eileen Roberts to present the Strategy to the Executive Team and Learning Disabilities / Older Peoples Management Board.	Eileen Roberts	
	6.8	Communications Strategy to be presented to the July Trust Board.	Eileen Roberts	
	7.9	Profiles of staff to be sent to Service Directors.	Sue Heafield	
	7.13	The Trust Board to be informed of the position regarding statutory and mandatory training.		
	7.14	Service Directors would be provided with a breakdown of staff		
	9.8	To check the Job Evaluation Scheme to clarify if NVQ was an essential requirement for a Band 2 post, whether this would mean that they would then become Band 3.	Carol Sparks	

	14.11	Action Plan to be formatted – Sickness Absence	Kay Harrison / Carol Sparks	
	16.5	To check that the Job Description for Consultant for Older People had been agreed.		
	16.7	To check the procedure that consultants secretaries use when booking annual leave.	Shaun Clee	