

GLOUCESTERSHIRE PARTNERSHIP NHS FOUNDATION TRUST

WORKFORCE COMMITTEE

5th OCTOBER 2007

Present: Lizzie Abderrahim (Chair), Non-Executive Director
Kay Harrison, Director of Human Resources & OD

In attendance: Mervyn Dawe, Chair of Staff Side
Carol Sparks, Deputy Director of Human Resources
Sue Smallwood, Committee Secretary
Vikki Tweddle, Deputy Director of Nursing representing
Hazel Watson, Director of Nursing, Social Care and AHPs

It was clarified that the Workforce Committee were quorate with the revised terms of reference which were agreed at the September Board meeting.

Mervyn Dawe confirmed that all the policies and procedures had been to the Joint Negotiating and Consultative Committee (JNCC) and any amendments that had been suggested had been incorporated. Kay Harrison also confirmed that the Executive Team had also had an opportunity to comment on the policies and procedures

It was noted that a number of the policies and procedures that had been developed over a period of time did not have the cover sheet which was in accordance with the new policy and procedure. It was not intended to change these until their next review.

Lizzie Abderrahim proposed that the committee look at the policies and procedures that had had minor revisions before moving onto the other policies on the agenda. This was agreed.

1. APOLOGIES

- 1.1 Apologies were received from Nick Bell, Shaun Clee, Tracey Barber, Kevin Jacobs, Eileen Roberts, Paul Winterbottom,

2. MINOR REVISIONS TO POLICIES

- 2.1 The following policies and procedures were considered as part of this section of the meeting:

Flexi Time
Procedure for Accessing Time Off for Medical & Dental
Appointments
Grievance

**Maternity
Paternity
Well Being at Work
Study Leave
Pre & Post employment checks
TOIL**

Pre & Post employment checks

- 2.2 After some discussion the committee agreed the following changes:
- Page 3 - To add " reference paragraph 7.3" to paragraph 5.2
 - Sentence to be added to 6.11 "Advice should be sought from the HR Team about the level of disclosure to be used.
 - Amend title: Director of Nursing, Social Care and AHPs
- 2.3 Mervyn Dawe, on behalf of staff side, agreed the amendments.
- 2.4 With these amendments the committee agreed the policy.
- 2.5 It was confirmed that all policies and procedures should have an Equalities Impact Assessment attached. An Equalities Impact Assessment had been completed on this policy and procedure.

TOIL

- 2.6 Carol Sparks reported that at the JNCC it had been requested that paragraph 7.7 be amended to read 15 minutes, rather than 5 minutes. This was agreed at the meeting but subsequent to the meeting Carol Sparks had contacted Mervyn Dawe and explained that this would not be possible as this would not then be compliant with the Timesheet Procedure. Under these circumstances Mervyn Dawe, on behalf of Staff Side, had agreed to retain the 5 minute cut off.
- 2.7 Mervyn Dawe agreed and confirmed that it did not have to go back to the JNCC for approval.
- 2.8 Subject to the discussions and amendments it was agreed that the following policies and procedures had been approved by the Workforce Committee:

Flexi Time
Procedure for Accessing Time Off for Medical & Dental
Appointments
Time off in Lieu
Grievance

Maternity
Paternity
Pre and Post Employment
Well Being at Work
Study Leave

3. SIGNIFICANT REVISIONS

Attendance Management

- 3.1 The committee were informed that all revisions had been highlighted in bold for ease of reference.
- 3.2 Mervyn Dawe shared with the committee that this policy had been revised at the request of staff side who had wanted the policy strengthened, while still supporting staff that had a genuine problem. He felt that the balance was now right.
- 3.3 After some discussion regarding recording of sickness absence by individual department, it was agreed that the following be added:

Paragraph 6.3

- 3.4 Managers are responsible for recording sickness absence. Recording must be accurate and done in the following way:
 - On the appropriate payroll documentation to ensure that sick pay is activated and recorded through ESR.
 - The manager will record sickness absence locally using appendix D as a minimum standard.
- 3.5 Mervyn Dawe, on behalf of staff side agreed this.
- 3.6 It was confirmed that the HR Department would hold drop in sessions for managers to assist them with the revised policies. Staff side would also be invited to attend the sessions as agreed at the JNCC. The impact of these sessions would then be reviewed to see if further training was required.
- 3.7 The purpose behind the revision of the Attendance Management Policy was to address the organisation's performance of sickness management but to do this in a supportive manner. It was agreed that the policy would formally be reviewed in 2 years but that in a years time a review would be undertaken as to how it was progressing through exit questionnaires, sickness absence figures etc. A report would be presented to the JNCC

initially but would then be presented to this committee in the early part of 2009.

- 3.8 Subject to this change the amended policy and procedure was agreed, along with the review which would initially be presented to the JNCC and would be presented to the Workforce committee in 2009.

Handling and Moving

- 3.9 The procedure was agreed with the following amendments:

- Pages to be numbered
- Add Named Nurse after Care Co-ordinators
- Attach standard format for Patient Handling Risk Assessment.
- In the Section Care Co-ordinators, section 6, should read section 7.
- Point 7, 3rd paragraph down, add "... on inpatient admission".
- Paragraph 9, first paragraph - to read "staff who have not received appropriate training" in place of "untrained staff".

- 3.10 Mervyn Dawe, on behalf of staff side, agreed with these amendments and, subject to them being made, the policy was agreed.

- 3.11 With these amendments, the policy was agreed

Induction

- 3.12 Kay Harrison explained that the layout had changed to comply with the new policy and procedures format, it had been expanded and was more detailed.

- 3.13 Lizzie Abderrahim asked for clarification regarding the induction of Non-Executive Directors. It was acknowledged that they were not staff but should have an induction. Kay Harrison confirmed that each NED received an individual tailored induction programme. Kay Harrison agreed to check the appointment status of NEDS.

- 3.14 Lizzie Abderrahim queried whether it was acceptable that the EIA be referenced in the policy or whether it should be attached. It was confirmed that the EIA should be attached to the policy document.

- 3.15 The policy and procedure were agreed, and the EIA would be attached.

4. NEW POLICIES AND PROCEDURES

Service Users and Carers Involvement in Recruitment Policy and Procedure

- 4.1 This had been developed by Tim Coupland, a member of the HR team, along with service users and carers.
- 4.2 Mervyn Dawe confirmed that this had been presented to the JNCC and had been agreed subject to a few minor amendments. He shared with the committee that the JNCC had asked for a report to see how it worked in practice.
- 4.3 It was felt that it was appropriate for this committee to acknowledge the demands that it would place on carers and users, and that the Trust valued their willingness to offer this service.
- 4.4 It was agreed that the report that would be presented to the JNCC would also be presented to this committee.
- 4.5 The following amendments were agreed:
 - 6.5 should read “carer” rather than “car”
 - 6.5 last paragraph – should read “... Service Users and/or Carers should ...”
- 4.6 Mervyn Dawe confirmed staff side’s support for this policy and they felt it was a positive way forward.
- 4.7 Kay Harrison confirmed that users and carers had been involved with senior appointments recently and had given the Trust positive feedback.
- 4.8 The policy was approved.

TIME SHEET

- 4.9 The Time Sheet Policy and Procedure was introduced by Carol Sparks.
- 4.10 It was noted that 3.1 should read “Director of Human Resources and Organisational Development”
- 4.11 The JNCC had asked for as many examples of a timesheet as possible, Carol Sparks had provided some but it had proved difficult because of the information required to put onto the page.

- 4.12 It was agreed at the JNCC that the Procedure was a working document and would change as necessary.
- 4.13 It was agreed that the policy and procedure would be reviewed in 1 year's time as there would be a huge amount of learning to incorporate in both the policy and the procedure.
- 4.14 Carol Sparks confirmed that the Trust was running a pilot with certain staff groups but other teams had asked to be involved with the pilot. There would be a phased approach to it being rolled out in the organisation and this would be incorporated into a managed programme.
- 4.15 It was noted that staff could find it confusing having both a time sheet and the F200 to complete. It would be helpful to know when there would only be one system. Carol Sparks confirmed that the feedback that had been received from Payroll that they would still want to receive the F200 to ensure that the correct pay was being paid. She also confirmed that Rob Stow, Paymaster Manager, had suggested that when one group of staff were competent in using the timesheet, would only need to complete the timesheet and not the F200.
- 4.16 It was noted that medical staff were not covered under this policy and procedure, and there was concern regarding their compliance with the Working Time Regulations (WTR). Kay Harrison confirmed that consultants had to complete Job Plans and this would address any concerns regarding WTR. Regular sampling of Junior Doctors' hours were completed to comply with the "New Deal."
- 4.17 Mervyn Dawe raised concerns about the level of support that both managers and staff would need. Carol Sparks told the committee that she had been back to individual teams to see how they were progressing and this had been useful. The HR Managers were also able to help as well.
- 4.18 Lizzie Abderrahim suggested that building up knowledge to provide a "Frequently Asked Questions" (FAQ) document might be helpful. Carol Sparks said that the answers to the questions were provided but it was sometimes helpful for staff to see practical examples, but a FAQ document could prove useful and could be developed at a later stage.
- 4.19 It was acknowledged that a level of support was required for managers to implement this successfully and it was agreed that this would be one of the topics for the "drop in" sessions that the HR Department were holding.
- 4.20 The policy and procedure was approved, with a review in September 2008.

5. ANY OTHER BUSINESS

5.1 There was no other business to report.

6. DATE AND TIME OF NEXT MEETING

6.1 10am, Tuesday, 16th October 2007, Board Room, Rikenel, Gloucester.

Draft

WORKFORCE COMMITTEE

ACTION POINTS

Date of Mtg	Item Ref	Action	Lead	Status
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	16 th Oct mtg
	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 th Oct mtg
	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	
5 th Oct	3.14	Kay Harrison agreed to check the appointment status of NEDS.		