

WEST HERTFORDSHIRE HOSPITALS NHS TRUST

WORKFORCE COMMITTEE

Minutes of the Workforce Committee meeting held on Tuesday 6 January 2015

West Herts Meeting Room,
Watford General Hospital

Chair: Ginny Edwards

Present: Ginny Edwards, Non Executive (Chair)
Mahdi Hasan, Chairman
Paul Da Gama, Director of HR
Paul Cartwright, Non Executive
Tracey Carter, Director of Nursing
Lynn Hill, Deputy Chief Executive
Lesley Headland, Chair of Staff Side
Caroline Landon, Director of Operations
Susan Whiterod, Head of Leadership and Organisational Development
Paul Cartwright, Non Executive Director
Phil Townsend, Vice Chair

In attendance: Johanna Mills, Clerk to the Committee - Minutes

Apologies: Mike Van der Watt, Medical Director

MEETING MINUTES

	Action	Who	When
1.	Chairman's Introduction		
	The Chair welcomed all to the meeting. She explained that due to the reduced length of the meeting, the agenda has been shortened to highlight items. Director of Human Resources felt the Committee needed to see.		
2.	Apologies for absence		
	As recorded above.		
3.	Declarations of Interest		
	None declared. PC has updated his 'Declarations of Interest' with Board Secretary – he confirmed the amendments were not conflicting.		
4.	Minutes of the Workforce Committee held on 3 December 2014		
	<p>The minutes of the Committee held on Wednesday 3rd December were approved for accuracy and matters arising.</p> <p>PdG explained that it had been agreed at December's meeting that three main papers would be coming to this meeting:</p> <ol style="list-style-type: none"> 1. Workforce Monthly Report 2. Education Report 3. DO paper and engagement (including Friends & Family) Update <p>However due to the Virtual TLEC held in December, a number of items were pulled from that agenda with the DO update being one of these and it will instead be presented at the February Workforce Committee instead.</p> <p>GE requested an overview paper to explain the contents of the three papers above and what the vision is for three years time. PdG confirmed this would be brought to the February meeting.</p> <p>GE noted that the papers were greatly improved from previous meetings.</p>	PdG	Agenda
5.	Action Log		
	It was noted that the actions were in response to the previous meeting – these are all up to date or in progress.		
6.	Integrated Performance Review (Review of all workforce related indicators)		
	PdG asked for this item to be read in conjunction with the Workforce Report as the two overlapped. All agreed.		

	Action	Who	When
7.	Monthly Workforce Report		
7.1	<p>PDG reported that the main areas to highlight were:</p> <ul style="list-style-type: none"> i) Turnover – This has risen from 17.3% to 17.6%. PdG stated there is a piece of work being carried out as to why the figures are so dissapointing. This will be brought to the February meeting. <p>PdG assured the Committee that work was already beginning in relation to address the current levels of turnover.</p> <p>LHd asked if there could be some objective data with regards to the staff leaving. PdG agreed this would be included in the paper.</p> <ul style="list-style-type: none"> ii) Agency and Bank direction of spend from last month is more positive. It is still very high in comparison to other organisations. The trust is looking at pay rates for Bank staff and the enrollment process for bank staff. <p>GE asked for the interim figures to be separate from the Agency figures, to get a clear understanding of the breakdown.</p> <ul style="list-style-type: none"> iii) The appraisal completion rate for Value Based Appraisals is currently 35%, which is in line with the agreed trajectory. With the goal being to reach a 90% completion rate by March 2015. 	PdG	Feb Agenda
7.2	<p>LH stated that due to a very difficult few weeks with staffing, discussions were made to ensure the safety of wards by paying staff double pay in some instances. LH requested a framework be put in place for when the Trust goes into extremist measures.</p> <p>PdG agreed and stated there needs to be a proper process in terms of escalation of pay and this needs to be cognisant of rates being paid by other providers.</p> <p>This will be linked in with PSQR and Finance.</p>		
7.3	<p>PT stated that in most organisations the sickness rate would trend towards the turnover rate and here the sickness rate is relatively good. He stated usual pattern would be when staff are under pressure most would resort to sickness not walking away.</p> <p>LH stated the staff survey indicates there is an enormous sense of loyalty to the Trust and colleagues.</p>		
7.4	<p>PC asked what the Trust was going to do regarding retention of staff. SW confirmed that there is a focus on the after recruitment care. What we can do to support them better following induction. There will be a measure of staff support going in.</p>		
7.5	<p>GE noted concern regarding the National shortage of Sonographers and asked what we in this organisation can do to help as part of the Clinical Strategy.</p>		

	Action	Who	When
	LHd suggested paying a Recruitment and Retention Payment.		
8.0	Monthly Education Report		
8.1	The Committee received the Education Report. PdG stated there will be a 3 month rotation cycle of reports for Education and Training. <ul style="list-style-type: none"> i. Mandatory Training ii. Non Medical Education iii. Medical Education 		
8.2	The Committee received the Mandatory Training data. With the Trust aiming for 90% compliance.		
8.3	PdG stated there were issues with regards to the data Some of the online mandatory training not working correctly or recording data.		
8.4	There is increased number of class room sessions. Also agreements are being drawn up with providers.		
8.5	Non attendees will be reported to their Managers. To reduce the number of non attendees, it was suggested, if staff have not completed their mandatory training then they will be held up at the gateway for performance related pay. There was concern and request for extreme caution. As some staff cannot be released due to pressures, they are disadvantaged as wards must be kept safe.		
8.6	GE asked how can the Trust assure the Board that the staffs are competent and safe from day one when they start with the organisation. PdG assured the Committee that a lot of work has gone into how the Trust recruits people in respect of value based recruitment. Also corporate induction is primarily around Mandatory Training. Many of our staff will have come from other NHS organisations they will have had mandatory training at their previous trusts. New staff will have had Mandatory training from their training. They also have fit to practice numbers this ensures they are safe to practice It was noted that the solution must be suitable for all staff and a holistic outcome is reached. It was suggested that the NHS adopt the National Passport for Mandatory Training. This would belong to the individual and transferable across NHS organisations.		
9.0	Medical Appraisal and Revalidation Report		
9.1	The Committee received the Medical Appraisal and Revalidation Report. PdG explained the background to the paper.		
9.2	The Trust has made 93 revalidation recommendations to the GMC 59 Positives and 34 referred. Appraisals have risen from 35% to over 80% appraised.		
9.3	The Committee was asked to note the Appraisal and Revalidation Report and the Action plan also to sign off the completion of the statement of compliance. Agreed by the Committee		
9.4	This report was requested by the Committee to return quarterly and annually to Audit Committee		
10.0	Items for escalation to the board		
10.1	The Committee recommended greater reporting of issues and actions		

	Action	Who	When
	being undertaking in relation to reducing staff turnover and also improving mandatory training compliance.		
10.2	The Committee recommended that the Board approve the statement of compliance in relation to its annual organisational audit with The Medical Professional (Responsible Officer) Regulations 2010.		
11.0	Agenda for next meeting		
	Due to the amendment of the January Committee Agenda the following would be brought to the February Committee: i) Workforce report ii) Training and Development report iii) DO paper and engagement (including Friends & Family) iv) Risk Register v) Annual Plan		
12	Any other business		
	There being no further business the meeting closed at 16.40.		
13	Date of Next Meeting		
	The next meeting of the Workforce Committee will be on 3 February 2015 from 11.15 to 12.45 in West Herts Meeting Room, Willow House, Watford General Hospital.		

Signed: Ginny Edwards	Name: Ginny Edwards (Committee Chairman)
Dated: 3 February 2015	