

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

HR COMMITTEE

MONDAY 14 MARCH 2011

Present:

Jane Norbron (Chair)
 Mark Gwilliam
 Kevin O'Regan
 Kath Richardson
 Debbie Padwick
 Mark Cobb
 Ian Scott
 Jane Clawson
 Linda Crofts
 David Throssell

In Attendance:

Joy Spotswood (minute taker)
 Anna Butchers (observer)

ACTION

1. **Apologies**

Apologies were received from Shirley Harrison, Ian Scott and Steve Burgin.

2. **Minutes of Previous Meeting**

The minutes of the meeting held on 17 January were accepted as a true record.

3. **Matters Arising**

Staff Survey

2010/11 Survey Update

Mark reported that Rhian Bishop had been due to attend the meeting to report back on the CQC Staff Survey results, however as an embargo had been placed on the publication until the 16 March, it was agreed to defer this item to the next meeting.

MG/JS

Mark and Rhian were due to produce a paper for the next TEG meeting outlining the details of the results.

MG

4. **Workforce Profiling Programme Update**

In line with seasonal trends, sickness absence figures have seen an anticipated increase in December's absence which has subsequently increased the YTD sickness absence percentage to 4%. This has reduced the associated financial saving, putting this work stream £60k behind target, although the year to date percentage rate is still on target.

The absence situation will be closely monitored and the HR Committee will need to be reassured this is an anticipated seasonal increase and not a trend.

Workforce Plans

Clinical Care Groups have indicated a number of their plans for 10/11 have not been actioned. A proportion of these plans have not been achieved due to factors outside of the care groups control (contracting, capacity, reconfiguration). Some of these plans have been delayed but management teams intend to apply the proposed changes and have carried forward schemes to 11/12. Analysis indicates that at the end of December there were 31.67 WTE reductions in plan but not achieved. This figure has reduced to 12 WTE reductions not achieved and work is ongoing with Care Groups to determine what the final position will be for quarter four of the year as a result of unachieved or deferred plans. This information will be finalised and presented during April and will confirm what proportion of the difference between YTD achieved and PYE plans will be achieved in year.

Cross Trust

Contact Centre – project initiation document has been drafted for the pilot implementation in Medicine and ENT. This will be refined and the business case completed for CIT approval. Surgical Services and SYRS have expressed interest in being ‘rapid followers’ to the pilot.

Case Notes Tracking – Trust-wide workshop held to review the scope of the potential solution. Business case under development for approval in April.

E-Discharge – This is being taken forward as part of the ICE programme of work.

E-Rostering

Following the successful proof of concept, a first implementation will now be undertaken across 5 Orthopaedic wards. This will be implemented for October 2011, targeting savings of approx £73K this year (£146K per annum). This initial project has been approved by CIT and a project steering group established. Following confirmation of the benefits in Orthopaedics, it is expected that roll-out to all wards will follow in 2012/13.

Workforce Controls

TEG are currently considering the recruitment control process. It is proposed that control may be devolved in conjunction with a review of AfE management. Further details are required of areas that will be affected by service changes in order to ensure that the Trust reserves capacity for redeployment of staff that will potentially be displaced. TEG have agreed to remove the blanket approach to recruiting all staff on fixed term contracts. Fixed term contracts will still be used in areas where there is a likelihood that staff will require redeployment to ensure that the Trust retains flexibility in these key areas and can manage these changes without impact to head count.

Terms and Conditions

Progress on T&C savings plans are detailed as follows:

- | | |
|--|-----------|
| - Reduction of payment in lieu of annual leave for leavers | £50k PYE |
| The scheme has currently achieved: | £36k YTD |
| - Reduction of expenditure on WTD payments - ongoing | £118k PYE |
| Implementation was completed on plan for 01.12.2010, the first set of analysis is due to be finalised in the second week of March. | TBC YTD |
| - Non-payment of professional registration fees | £158k FYE |
| NHS Employers has agreed that this payment is to cease from October 2010 confirming this saving has been achieved for 2010/11. | |

Policies

The Workforce Deployment and Special Leave policies have been issued to the organisation. The HR Department has run awareness sessions for managers on these policies. The Sickness Absence Policy is expected to go to JNCC in April for approval. Directorate targets for the reduction of sickness absence have been agreed and communicated to senior managers via Operational Board.

5. **Recruitment Strategy**

Debbie Padwick reported on two papers that had recently been sent to TEG in relation to the current recruitment strategy. The following recommendations had been put forward:-

Recruitment

- That recruitment control is devolved to a local level within directorates but that a new framework is established to ensure control of numbers and costs.
- That fixed term contracts are restricted to cases where workforce reductions are foreseen rather than for all posts.
- That in general the Trust advertise all posts internally first to maximize movement within the Trust and release capacity for redeployment.

TEG agreed the introduction of the above recommended measures, effective from 1 April 2011.

Defining the Affordable Workforce

There were a number of issues which were prompting the need for greater transparency and analysis of workforce spend and the level of vacant posts within the organisation.

The current variance between actual staff in post and actual funded establishment suggested that there were in excess of 500 vacancies, however, it was unclear whether the Trust would be able to fund this additional number of posts and, in the event of major service changes, whether the Trust had the capacity to redeploy staff.

Current practice of AFE management suggested that AFE could also be used to offset incremental drift; to fund bank and agency or to be allocated to P&E plans. It was suggested, therefore, that a principle of workforce mapping leading to establishment control would be advisable to:

- provide comprehensive reporting on the number and types of post that the Trust required in order to maintain services;
- facilitate redeployment by matching employees to actual vacant posts;
- allow for critical workforce planning and forecasting;
- assist with the delivery of the P&E plans;
- support the work associated with TCS by understanding the impact on workforce structures and costs;
- underpin the CQC assessment. Outcome 13 related to staffing levels. It could be argued that the current financial structure suggested that the Trust was underspent on staffing and therefore the current control procedures were unnecessary;
- address the issue of funding incremental drift. This continued to be a problem, particularly as turnover decreased and the retirement age was removed.

The report made six recommendations, namely:

1. As part of the P&E planning process managers, in conjunction with Finance, would identify all staff in post including affordable vacancies and allocate funding at relevant point of scale. This should be reviewed on an annual basis.
2. To identify necessary expenditure on bank and agency and allocate a sum for such within budget.
3. Externally funded posts must be identifiable through the ESR coding structure. AFE should be classified as internally/externally funded
4. That the AFE was managed as above and that when posts were removed or restructured, the AFE must be adjusted accordingly.
5. Establishment was recorded in ESR and by default each post was allocated a number. At any given point, HR and Finance would be able to examine the system for a shared understanding of the workforce
6. The future AFE, minus staff in post, would equate to vacancies that were affordable and could be filled.

Assuming that the recommendations were put in place, recruitment would be addressed via devolved directorate controls and the level of recruitment and AFE would be reported to TEG and the HR Committee.

Where major service changes such as ward closures were proposed, associated workforce profiles would need to be identified at the earliest opportunity. Associated posts across the Trust would not be appointed to, or only appointed to on a fixed term or agency basis.

TEG agreed that the above recommendations should be implemented.

Mark confirmed that the current VCP restrictions would remain in place until the framework has been completed and any "brand new" posts would still have to be approved by TEG.

6. **Absence Management**

Jane Clawson reported that the Sickness Absence figures for December were indicating 5% which was just above the target of 4%. The recent bad weather and flu outbreak was thought to be a contributing factor, however, despite the increase, the Trust was still achieving its YTD target of 4%. Jane also confirmed that from April a new target of 3.5% would be fixed.

It was also noted that Jane is working with Payroll to consider implications of reporting absence management figures one month in arrears rather than two as is current practice.

Jane Norbron also requested that when monthly figures are above the recommended target that a more detailed report is provided.

JC

7. **KPI Summary Report**

Mark Gwilliam circulated a copy of the January KPI Summary report (see attached).

Productivity Indicator

Debbie Padwick circulated a copy of the latest productivity indicator. The productivity indicator was still in draft format but would be finalised and brought back in its completed format for the next meeting. It was also confirmed that once finalised, the Productivity Indicator would also be included within the KPI summary report

DP

8. **Transforming Community Services**

Mark Gwilliam confirmed that the Board had now signed off TCS and 1400 staff would now be transferring to STH. They were in process of signing off the Business Transfer Agreement which needed to be completed by 1 April 2011.

Measures letter had been sent to NHS Sheffield and consultation meetings had begun with STH Staff Side. The next stage of the process was to look at how Community Services staff would fit within the current STH structures. Priority was to be focused on the Back office function structures in order that these could be completed by the end of April with a view to commencing a 30 day consultation process in May.

The Trust was in the process of arranging corporate induction for Community Services staff transferring to STH and a number of TCS briefing sessions for STH staff both at RHH and NGH. Dates are due to be confirmed shortly.

9. **AFC On Call Review**

Jane Clawson confirmed that work was still on-going. From the 100 on call arrangements that were originally identified within the Trust, these have now been condensed down to 50. Jane confirmed that there was still a great deal of work to do towards building up a suitable model and in the meantime status quo would continue.

Kath Richardson asked if the guidelines for compensatory rest breaks could be reviewed within this process as there were conflicting interpretations with regard to what compensatory rest breaks staff were entitled to. Jane Clawson agreed to look into this as part of the process.

JC

10. **Staff Engagement**

Mark Gwilliam confirmed that the inaugural meeting of the Staff Engagement Steering Group was due to take place on the 1 April. The Steering Group would involve the coming together of all directorate leads, focus groups etc with a view to setting the strategic direction and monitoring the progress of the three Staff Engagement strands. The group would then continue to meet on a quarterly basis.

7. **Pension Tax Changes**

In view of the Government's new tax regulations which come into effect from April 2011, the Trust has commissioned Price Waterhouse Cooper, to deliver two information sessions and present some specimen case scenarios to those members of staff who will be affected by these changes.

Whilst the Trust is unable to offer tax or pension advice, it can provide information to employees from which individuals can make their own decisions. The changes are most likely to impact on staff earning over £100k, but could have an impact on other staff, probably from Band 8 upwards, who receive a significant increase in pay e.g. if promoted.

The two sessions will take place as follows:-

Multi Professional:

- Thursday 31 March 2011 - Lecture Theatre 2, Medical Education Centre Northern General Hospital

Consultant:

- Monday 11 April 2011 - Lecture Theatre 1, Medical School Royal Hallamshire Hospital

11. **Leadership Strategy**

Linda Crofts introduced the Leadership Development Strategy which had recently gone to the Board of Directors meeting. She confirmed that the report has 3 key themes:

- Identifying and developing emerging talent and potential leaders
- Supporting and developing the current leadership team
- Identifying and attracting external leadership talent where appropriate

The first step was to focus on a programme for Senior Leaders, who are already in the most complex roles, to ensure we have people ready to face the challenges ahead. This approach has been taken because programmes are already in place for first line and middle managers, however, with changes to SHA and PCT establishments over the next two years further work will be needed to review first and middle management programmes.

The programmes are open to staff from clinical and non-clinical roles, and are recruited to by individuals nominating themselves supported by their line manager.

Linda confirmed that this is a rolling management programme which will consist of 4 cohorts a year with 25 people in each cohort. They are currently in the process of recruiting to the first cohort.

It was agreed that Linda would come back to the next HR Committee to update the group on progress.

LC

12. Workforce & Education Minutes

A copy of the minutes of the Workforce & Education Governance Board minutes held on the 4 November were circulated for information. It was agreed that all future minutes should be circulated to the HR Committee for information.

JS

13. Any Other Business

There were no items under AOB.

14. Items to be Highlighted to the Board of Directors

Recruitment Strategy – Defining Affordable Workforce

15. Date and Time of Next Meeting

The next meeting will be held on **Monday 23 May at 9.30 am in the TEG Meeting Room, 11 Broomfield Road.**