

## **UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

### **Trust Board Bulletin – 6 May 2010**

The following reports are attached to this Bulletin as items for noting, and are circulated to UHL Trust Board members and recipients of public Trust Board papers accordingly:-

- **Annual update on Trust Board declarations of interests.** Lead contact point – Mr S Ward, Director of Corporate and Legal Affairs (0116 258 8615) – **paper 1**, and
- **Report on vacancy management.** Lead contact point – Mrs S Hinchliffe, Chief Operating Officer/Chief Nurse (0116 258 6311) – **paper 2**.

**It is intended that these papers will not be discussed at the formal Trust Board meeting on 6 May 2010, unless members wish to raise specific points on the reports.**

This approach was agreed by the Trust Board on 10 June 2004 (point 7 of paper Q). Any queries should be directed to the specified lead contact point in the first instance. In the event of any further outstanding issues, these may be raised at the Trust Board meeting with the prior agreement of the Chairman.

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**REPORT TO:** TRUST BOARD

**DATE:** 6 MAY 2010

**REPORT BY:** DIRECTOR OF CORPORATE AND LEGAL AFFAIRS

**SUBJECT:** DECLARATIONS OF INTERESTS – ANNUAL UPDATE  
(2010-11)

Proformas for the annual update of Trust Board declarations of interests have been circulated to all Trust Board members, and also to the Director of Strategy, Director of Communications and External Relations, and Director of Corporate and Legal Affairs. Details received to date are set out below.

The Trust Board is invited to receive and note this report. Details of any outstanding declarations subsequently received will be reported to the Trust Board on 10 June 2010.

<b><u>NAME</u></b>	<b><u>POSITION</u></b>	<b><u>INTEREST(S) DECLARED</u></b>
Mr M Hindle	Trust Chairman	Board member, Health Protection Agency; Board member, Leicestershire and Rutland Probation Trust.
Mr M Lowe-Lauri	Chief Executive	Trustee, Thomas Cook Children's Charity; Member, NIHR Advisory Board; Director, NIHR RISC Programme (honarium paid to UHL); Member, Life Science Innovation Delivery Board; Member, HEFCE Health Education Advisory Committee; Chair, East Midland Collaboration in Management Sciences; Chair, Scientific Advisory Board, NIHR Safety and Service Quality Research Centre, Kings College Hospital.
Ms K Bradley	Director of Human Resources	None to declare.
Dr K Harris	Acting Medical Director	Trustee of the Renal Association; Senior Medical Advisor to Kidney Research UK.
Mrs S Hinchliffe	Director of Nursing/DIPAC	None to declare.
Mr R Kilner	Non-Executive Director	Director, Deltex Consulting Ltd.

## Trust Board Bulletin 6 May 2010 – paper 1

Mr I Reid	Non-Executive Director	Royal British Legion Poppy Day Collector; Trustee, Bitteswell United Charities.
Mr A Seddon	Director of Finance and Performance	2010-11 declaration awaited.
Ms A Tierney	Director of Strategy	None to declare.
Mr D Tracy	Non-Executive Director	2010-11 declaration awaited.
Mr S Ward	Director of Corporate and Legal Affairs (adviser to the Board status from 11 January 2007)	None to declare.
Mr M Wightman	Director of Communications and External Relations (adviser to the Board status from 11 January 2007)	None to declare.
Ms J Wilson	Non-Executive Director	Board Chair, Leicestershire and Rutland Probation Trust.
Professor D Wynford-Thomas	Non-Executive Director	Trustee, Hope Against Cancer (cancer charity, Leicester); Dean of the University of Leicester Medical School.

Stephen Ward  
**Director of Corporate and Legal Affairs**

<b>To:</b>	<b>Trust Board</b>		
<b>From:</b>	<b>Suzanne Hinchliffe</b>		
<b>Date:</b>	<b>6<sup>th</sup> May 2010</b>		
<b>Healthcare standard:</b>	<b>N/A</b>		
<b>Title:</b>	<b>Vacancy management Summary Report</b>		
<b>Author/Responsible Director:</b> S. Hinchliffe, Chief Operating Officer/Chief Nurse			
<b>Purpose of the Report:</b> To provide members with a progress report regarding the impact of the vacancy management processes.			
<b>The Report is provided to the Board for:</b>			
Decision	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>
Assurance	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>
<b>Summary / Key Points:</b>			
<ul style="list-style-type: none"> <li>❖ Vacancy management processes have been in place for the past 11 weeks</li> <li>❖ Categories have been defined to respond to Cases of Need submitted</li> <li>❖ External replacement has been managed at 19.1% of total requests</li> <li>❖ All extra capacity ward closures have occurred with plans for further closures on target</li> </ul>			
<b>Recommendations:</b> Members to receive the report and note progress and new developments			
<b>Strategic Risk Register</b> N/A		<b>Performance KPIs year to date</b> CQC	
<b>Resource Implications (eg Financial, HR)</b> Risk mitigation/savings identified			
<b>Assurance Implications</b> Robust structure for business sustainability			
<b>Patient and Public Involvement (PPI) Implications</b> N/A			
<b>Equality Impact</b> Formal HR processes			
<b>Information exempt from Disclosure</b> N/A			
<b>Requirement for further review ?</b> Monthly review proposed			

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO:** TRUST BOARD

**DATE:** 6<sup>th</sup> MAY 2010

**REPORT BY:** SUZANNE HINCHLIFFE, CHIEF OPERATING OFFICER

**SUBJECT:** VACANCY MANAGEMENT SUMMARY REPORT

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### **1.0 Introduction**

The trust vacancy management process is now in its third month. Additionally, a restriction on bank and agency use was introduced in March both of which require cases of need as a requisite.

The following paper offers an overview of the first eleven weeks of the vacancy management process. This process applies to all recruitment within the trust irrespective of seniority.

One of the key tasks of the vacancy management process was to mitigate expenditure where possible as part of the cost improvement delivery arm and in so doing, assure members of the Trust Board that consideration is being given to ensuring continued quality, safe patient care. It is important to note that it is a requirement for each case of need to complete a section on risks in relation to their submission.

With this in mind and with the safety and quality focus underpinning all areas, and, working to agreed safe staffing levels, a number of categories have been identified to demonstrate the plethora of alternatives that will assist in reducing headcount in a measured and sustainable way. Additionally, in order to support UHL's active research agenda, a process to mitigate risk at the end of fixed tenure posts has been developed.

Categories identified include:

<b>Recruitment or Replacement</b>	<b>Recruit with CIP impact</b>	<b>Permanent to Temporary</b>	<b>Band Change</b>	<b>New Development</b>	<b>Research</b>	<b>Re-deployment</b>
<b>Deferred Decision</b>	<b>Increase in Hours</b>	<b>Extension of Employment</b>	<b>Internal Only</b>	<b>Temporary to Permanent with savings</b>	<b>Temporary to Permanent no change</b>	<b>Not Approved</b>

### **2.0 The first 11 weeks**

The following tables (A & B) show the breakdown of approvals within the above stated categories by both numbers and percentages.

Table A: Weekly Recruitment Requests

Request Date	Posts requested	Recruitment / Replacement	Recruit / CIP impact (savings linked to post)	Permanent to temporary including fixed term contract	Band change	New development	Research/External Funding	Redeployment	Temporary to Permanent (with cost saving)	Deferred decision	Increase in hours	Extension of employment	Recruit internal only (no change to headcount)	Temporary to permanent (no change in costs)	Not approved
05/02/2010	26	12	3	6	1			2		1					1
12/02/2010	38	10	3	2		9	9	2			1	1	1		
19/02/2010	25	6	3	5			2	2		3			2		2
26/02/2010	22	3	3	5		6	4			1					
05/03/2010	51	9	7	1	1	9	4	2		5	1	3	5	3	1
12/03/2010	29	4	5			4	1	3	1	5		1	4		1
19/03/2010	30	4	7				6	2	1	5		3	2		
26/03/2010	30	2	1	1	1		4	4		11	2	4			
02/04/2010	17	1	1				3	1	1	8		2			
09/04/2010	35	4	4	1			5	2	1	9	2	4			3
16/04/2010	42	11	6			1	5	5			3	7	3		1
<b>Grand Total</b>	<b>345</b>	<b>66</b>	<b>43</b>	<b>21</b>	<b>3</b>	<b>29</b>	<b>43</b>	<b>25</b>	<b>4</b>	<b>48</b>	<b>9</b>	<b>25</b>	<b>17</b>	<b>3</b>	<b>9</b>

Table B: Weekly Recruitment Percentages

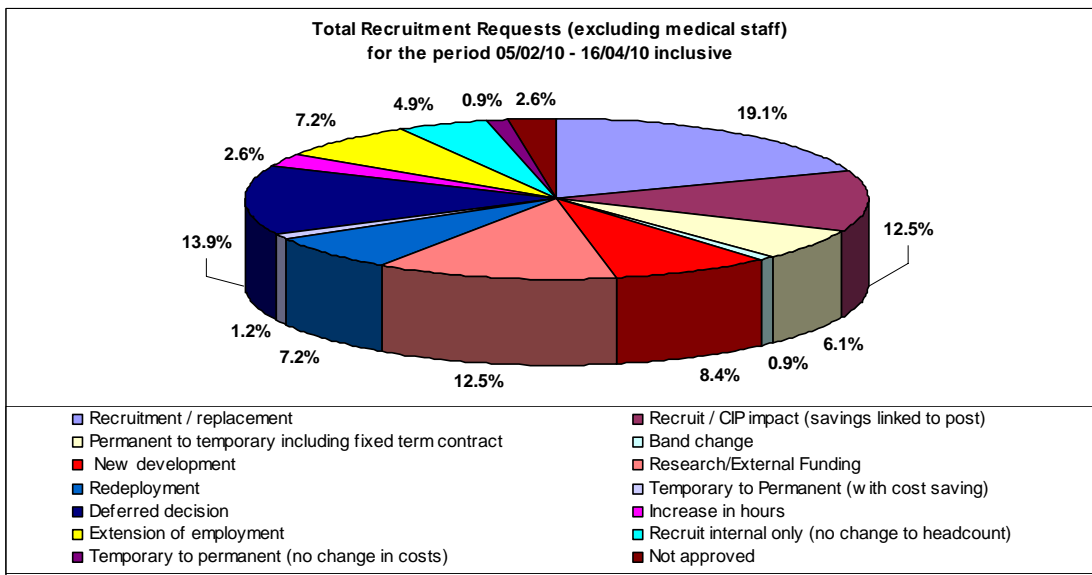
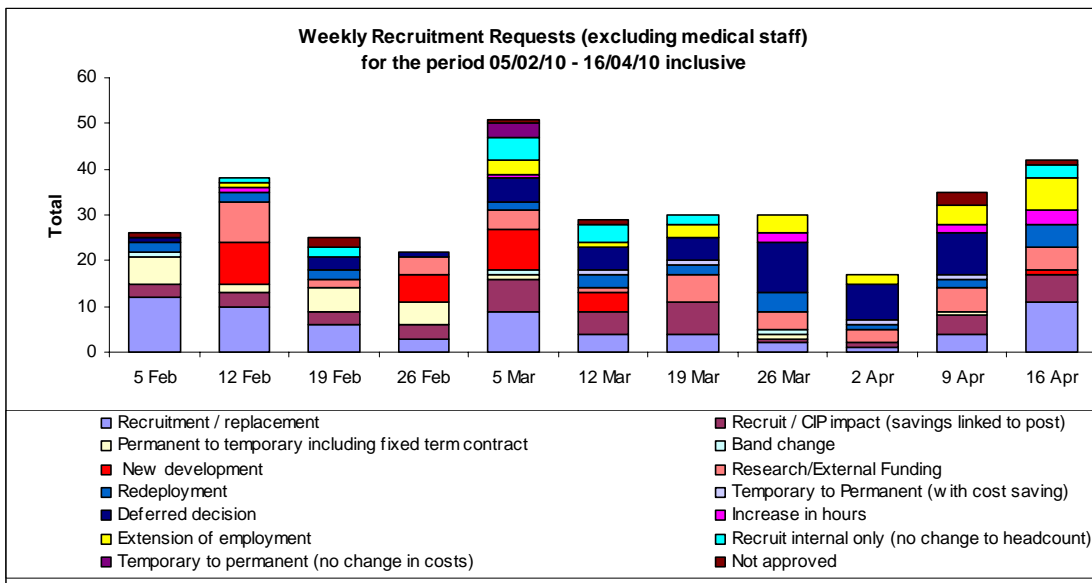
Request Date	Posts requested	Recruitment / replacement	Recruit / CIP impact (savings linked to post)	Permanent to temporary including fixed term contract	Band change	New development	Research/External Funding	Redeployment	Temporary to Permanent (with cost saving)	Deferred decision	Increase in hours	Extension of employment	Recruit internal only (no change to headcount)	Temporary to permanent (no change in costs)	Not approved
05/02/2010	26	46.2%	11.5%	23.1%	3.8%			7.7%		3.8%					3.8%
12/02/2010	38	26.3%	7.9%	5.3%		23.7%	23.7%	5.3%			2.6%	2.6%	2.6%		
19/02/2010	25	24.0%	12.0%	20.0%			8.0%	8.0%		12.0%			8.0%		8.0%
26/02/2010	22	13.6%	13.6%	22.7%		27.3%	18.2%			4.5%					
05/03/2010	51	17.6%	13.7%	2.0%	2.0%	17.6%	7.8%	3.9%		9.8%	2.0%	5.9%	9.8%	5.9%	2.0%
12/03/2010	29	13.8%	17.2%			13.8%	3.4%	10.3%	3.4%	17.2%		3.4%	13.8%		3.4%
19/03/2010	30	13.3%	23.3%				20.0%	6.7%	3.3%	16.7%		10.0%	6.7%		
26/03/2010	30	6.7%	3.3%	3.3%	3.3%		13.3%	13.3%		36.7%	6.7%	13.3%			
02/04/2010	17	5.9%	5.9%				17.6%	5.9%	5.9%	47.1%		11.8%			
09/04/2010	35	11.4%	11.4%	2.9%			14.3%	5.7%	2.9%	25.7%	5.7%	11.4%			8.6%
16/04/2010	42	26.2%	14.3%			2.4%	11.9%	11.9%			7.1%	16.7%	7.1%		2.4%
<b>Grand Total</b>	<b>345</b>	<b>19.1%</b>	<b>12.5%</b>	<b>6.1%</b>	<b>0.9%</b>	<b>8.4%</b>	<b>12.5%</b>	<b>7.2%</b>	<b>1.2%</b>	<b>13.9%</b>	<b>2.6%</b>	<b>7.2%</b>	<b>4.9%</b>	<b>0.9%</b>	<b>2.6%</b>

Key areas to note include:

- ❖ Of the 345 requests, a total of 66 (**19.1%**) have been authorised for direct replacement. These include posts that have specialist skills or are 'hard to recruit' where market opportunities are present

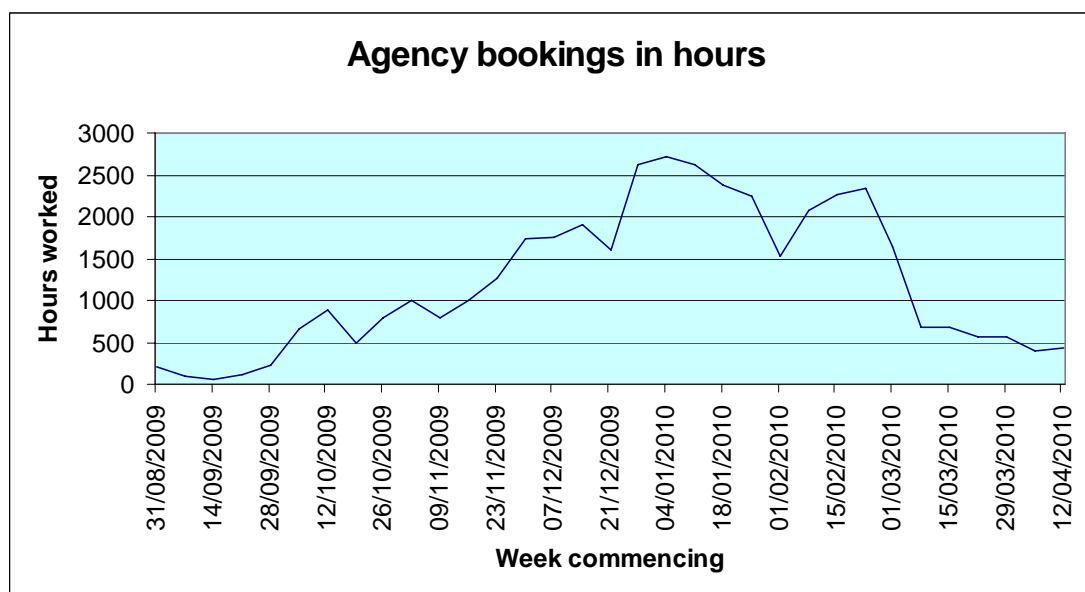
- ❖ Deferred decisions (**13.9%**) include posts that are currently subject to management of change processes where changes to staff numbers or skill mix have been identified
- ❖ Continued opportunities are being presented where replacement will realise an associated cost improvement saving (**12.5%**)
- ❖ Request for research positions have continued to be presented which have been supported where new monies are identified (**12.5%**)
- ❖ Approval has been given for key posts for 'Internal Recruitment' (**4.9%**) or Extension of Employment (**7.2%**), which do not result in any additional headcount where it maintains service delivery
- ❖ Redeployment options continue (**7.2%**) though it is recognised that this will reach saturation point at some stage

Further representation of data may be seen below:



### 3.0 Impact of Vacancy Management

Since the commencement of the vacancy management arrangements there have been no referrals or reports of any staffing or patient safety issues as a direct consequence of the processes in place. Additionally, there has been little change to the overall staff turnover figures which remain at 7.6%. Significant changes have however been experienced in relation to the nursing agency utilisation where post the implementation of the vacancy controls in this area, reductions may be seen as noted below:



Further areas to note include:

1. Key contributing factors to the increases in the March headcount are the bi-annual school finalists where recruitment processes take place during November 2009
2. We are likely to see legacy staff appointments of all professions that were made prior to the vacancy management processes which will continue until May/June
3. Bank costs are likely to increase as this group of staff are utilised to fill the staffing gaps as opposed to staff replacement or recruitment from external sources. Furthermore, it is this group of staff that support permanent staff whilst bed reduction programmes are underway
4. All swing ward (winter pressures) additional capacity has been closed
5. Plans are in place and are currently being delivered to timescale to reduce bed capacity as part of the overall productivity length of stay reductions (Better Care Better value) which may be seen below in Appendix A

S. Hinchliffe  
Chief Operating Officer/Chief Nurse



## Bed Closure Plan 2010/11 – Appendix A

Division	Month	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
Acute care	Medicine Ward 3 LGH – 24 beds												
	Medicine Ward 7 LGH – 25 beds												
	Medicine Ward 8 LGH – 26 beds												
	Cardio-Respiratory CVU LRI transfers to GH (-4) – 21 beds												
	EMU LGH transfers to LRI – 15 beds												
	Cardio-Respiratory 20 beds Ward TBC GH												
	Renal 2 beds from April ; 4 beds from July Ward 10 LGH												
	Ward 33 GH – 8 beds CR												
	Ward 34 GH – 10 beds CR												
	CVU LRI – 4 beds CR												
Ward 20 GH – 16 beds CR													
Ward 24 GH – 5 beds CR													
Operations	Fielding Johnson LRI – 20 beds												
	Ward 36 LRI - 24												
	Medicine Ward 8 LGH – 26 beds												
Planned care	Ward 8 LRI – 22 beds – see note 3												
	15 beds –Surgery; 5 Urology LGH Ward TBC												
	5 beds MSK ward 18 LGH												
Women's & Children's	Ward 27 GH – 4 beds												
	6 beds – Children's wards 9/13 LRI												
	1 CICU Bed												
Key to closures	Gynaecology LGH reduce from 7 days to 6. From October to a 5 day day-case facility												
	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; background-color: #e0f2f1; padding: 2px;">Complete ward</div> <div style="border: 1px solid black; background-color: #ffe0b2; padding: 2px;">Partial ward</div> <div style="border: 1px solid black; background-color: #bbdefb; padding: 2px;">Swing ward</div> <div style="border: 1px solid black; background-color: #fff9c4; padding: 2px;">Change of use</div> </div>												

**Notes:**

- 1 - timescales regarding the opening of swing capacity have yet to be agreed.
- 2 - Position as at 20.04.10 - this excludes any further closures/moves currently under development.
- 3 - Extra capacity closed March 2010