

Trust Board paper N

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**  
**REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD**

**DATE OF TRUST BOARD MEETING: 7 APRIL 2011**

**COMMITTEE: Workforce and Organisational Development Committee**

**CHAIRMAN: Ms J Wilson, Non-Executive Director**

**DATE OF COMMITTEE MEETING: 23 March 2011.**

**RECOMMENDATIONS MADE BY THE COMMITTEE FOR CONSIDERATION BY THE TRUST BOARD:**

**None.**

**OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR PUBLIC CONSIDERATION/ RESOLUTION BY THE TRUST BOARD:**

**None.**

**DATE OF NEXT COMMITTEE MEETING:**

**22 June 2011**

Ms J Wilson – Non-Executive Director  
1 April 2011

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****MINUTES OF THE MEETING OF THE WORKFORCE AND ORGANISATIONAL DEVELOPMENT COMMITTEE, HELD ON WEDNESDAY 23 MARCH 2011 AT 9:00AM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY****Present:**

Ms J Wilson – Non-Executive Director and Committee Chair  
 Ms K Bradley – Director of Human Resources  
 Dr K Harris – Medical Director (from part of Minute 4/11/1)  
 Mrs S Hinchliffe – Chief Operating Officer/Chief Nurse (up to and including Minute 6/11/2)  
 Mr A Locke – Patient Adviser (non-voting member)  
 Mr D Morgan – UHL Staff Side Chair (non-voting member)  
 Mr P Panchal – Non-Executive Director  
 Mrs C Ribbins – Director of Nursing  
 Mr M Wightman – Director of Communications and External Relations

**In attendance:**

Mr S Birks – Workforce Development Manager (from Minute 6/11/2)  
 Ms B Kotecha – Senior Training and Development Manager  
 Mrs K Rayns – Trust Administrator  
 Ms T Rees – HR Shared Services Manager  
 Mr I Reid – Non-Executive Director (observing)  
 Ms E Stevens – Deputy Director of Human Resources  
 Mrs L Willcocks – Organisational Development Manager

**ACTION****RESOLVED ITEMS****1/11 APOLOGIES AND WELCOME**

Apologies for absence were received from Mr R Kilner, Non-Executive Director, Mr M Lowe-Lauri, Chief Executive, Dr D Skehan, Divisional Director, Acute Care and Mr D Tracy, Non-Executive Director.

The Committee Chair welcomed Mr I Reid, Non-Executive Director, to the meeting as part of the ongoing arrangements for Non-Executive Directors to attend meetings of those Committees which they did not usually attend.

**2/11 MINUTES AND ACTION NOTES FROM THE PREVIOUS MEETING**

**Resolved** – that the Minutes and action sheet of the Workforce and Organisational Development Committee meeting held on 21 December 2010 be confirmed as a correct record.

**3/11 MATTERS ARISING FROM THE MINUTES**

Members reviewed the schedule of matters arising from previous Workforce and Organisational Development Committee meetings (paper B refers). In respect of Minute 3/10 of 27 September 2010, the Committee Chair advised that the Committee would undertake a review of the revised annual workplan at the next meeting to be held on 22 June 2011.

**DHR/  
TA**

**Resolved** – that the Director of Human Resources be requested to present the revised annual workplan to the Workforce and Organisational Development Committee on 22 June 2011.

DHR/  
TA

#### 4/11 LEARNING AND DEVELOPMENT STRATEGY

##### 4/11/1 Staff Training related to Improving the Patient Experience (Minute 13/10/5)

The Director of Nursing provided a verbal update in respect of specific actions being progressed by the Corporate Nursing and Human Resources Directorates to address concerns regarding care of elderly patients at UHL. She advised that a report on this subject would feature on the agenda for the Trust Board meeting to be held on 7 April 2011. Members noted the following key points arising from the Director of Nursing's update:-

- a) targeted action would initially be focused on the care of the elderly wards at LGH and then be rolled out to other areas over the next 3 months;
- b) interactive training modules were being used to enhance ward staff awareness of the gold standards in basic clinical care;
- c) hourly ward rounds had been introduced for a designated nurse to ask each patient a series of questions, provide opportunity for any questions or concerns to be raised, and reassure the patient that they would return within 1 hour. Initial feedback had suggested that this proactive approach had already significantly reduced the use of the nurse call system;
- d) recognising that not all patients and visitors understood the uniform code denoting senior nursing staff, large red 'Nurse in Charge' badges had been introduced on each shift;
- e) daily Matron ward rounds during visiting times were proving extremely valuable, especially where the patient was suffering from dementia or confusion, as this provided relatives with a convenient opportunity to discuss any queries or concerns;
- f) the draft patient experience dashboard had now been finalised and was ready to be circulated for initial review, and
- g) external 'fresh eyes' advice was being sought in a number of areas to ensure that no potential patient experience or customer service issues were being overlooked.

Mr P Panchal, Non-Executive Director, sought assurance that patients were being spoken to compassionately during the hourly ward rounds and queried the approach to obtaining translation services and communicating with dementia patients. He also noted the involvement of Age UK and queried whether there was considered to be sufficient coverage within this partnership of any black and ethnic minority issues. The Committee Chair welcomed any specific concerns in this respect.

Responding to a further query by Mr I Reid, Non-Executive Director, the Director of Nursing advised that patients were spoken to hourly between 8am and 10pm, but a different approach to hourly checks was used at night to avoid waking the patient unnecessarily. The Patient Adviser raised concerns regarding ward noise levels at night time, but the Committee Chair suggested that this discussion focussed around staff training and behaviours.

The Director of Human Resources highlighted the email circulated by the Communications Team on 21 March 2011, which had set out very clear expectations to all staff. Discussion took place regarding the process for rewarding staff through quarterly awards and

sanctions that might be applied where consistent failures occurred. Responding to a query from the Staff Side Chair, the Chief Operating Officer/Chief Nurse provided examples of the type of behaviours that would and would not be accepted and the Director of Human Resources detailed the thorough process for investigating the facts of any allegations prior to any escalation to formal grievance and disciplinary proceedings and highlighted the availability of the appeals process thereafter. In addition, the Staff Side Chair sought assurance that a similar consistent and balanced approach would be maintained in respect of any unacceptable management behaviour. The Director of Human Resources invited him to raise concerns regarding any specific examples at the next informal HR/staff side meeting.

SSC

**Resolved – that (A) the verbal update by the Director of Nursing in respect of improving patient experience be received and noted, and**

**(B) the Staff Side Chair be requested to raise any specific concerns regarding cases of inappropriate management behaviour with the Deputy Director of Human Resources at their next joint informal meeting.**

SSC

4/11/2

Learning and Development Plans in respect of People with Learning Disabilities (Minute 13/10/2)

Mr P Panchal, Non-Executive Director, provided a verbal update in respect of proposals to develop a partnership between UHL and the Voluntary and Community Sector Assembly to support UHL's learning and development plans. He noted that he had not yet contacted Voluntary Action Leicester directly in this respect. The Director of Communications and External Relations reported the success of a recent BME symposium and recommended that a similar approach be used to increase engagement with people with learning disabilities and their carers. The Chief Operating Officer/Chief Nurse highlighted the excellent support provided to UHL (approximately 18 months ago) by the Leicestershire Partnership Trust in respect of understanding the needs of patients with learning disabilities. The Committee agreed that Mr P Panchal, Non-Executive Director, and the Director of Communications and External Relations would develop appropriate proposals to take this matter forward.

PP,  
NED/  
DCER

**Resolved – that Mr P Panchal, Non-Executive Director, and the Director of Communications and External Relations be requested to develop proposals for partnership working to support UHL's learning and development plans in respect of people with learning disabilities.**

PP,  
NED/  
DCER

## 5/11 EQUALITY AND DIVERSITY STRATEGY

### 5/11/1 Anti Bullying and Harassment Training

The Senior Training and Development Manager provided feedback from a workshop held on 31 January 2011 to review data from a variety of sources in respect of bullying and harassment issues. An action plan had been developed to address the key findings and the membership of the UHL Bullying and Harassment Service was currently under review with a view to consider the inclusion of male advisers and advisers from a BME background. It was agreed that an analysis of the key findings would be presented to the Workforce and Organisational Development Committee on 22 June 2011, to include clarity regarding the responsibilities for progressing and monitoring agreed actions.

STDM

**Resolved – that the Senior Training and Development Manager be requested to**

**present an analysis and action plan in respect of bullying and harassment to the next meeting of the Workforce and Organisational Development Committee on 22 June 2011.**

STDM

## 6/11 STAFF ENGAGEMENT STRATEGY

### 6/11/1 National Staff Attitude and Opinion Survey Results 2010

The Deputy Director of Human Resources presented paper C, the findings of the National Staff Attitude and Opinion Survey undertaken by the Care Quality Commission between October and December 2010. Appendix 1 detailed a 25 page summary of UHL's results and an assessment of the results across the NHS. Appendix 3 provided the key actions and areas of focus based upon the 2009 results, prior to the release of the 2010 results.

For the purposes of this meeting, the Deputy Director of Human Resources noted her intention to focus primarily upon the priority action plan provided within appendix 2 to paper C. She particularly sought members' views in respect of whether the appropriate key findings had been selected for priority action and whether the actions planned to address the findings were sufficiently robust. The priority action plan highlighted the 10 key findings where UHL had performed below (worse than) average and 4 other selected key findings surrounding staff motivation and the appraisal process. Particular discussion took place regarding the 2 findings where UHL had featured in the bottom 20% compared with other Trusts:-

- a) key finding 29 – staff feeling pressured to attend work when feeling unwell (also known as presenteeism). Further analysis had suggested that the impetus for UHL staff attending work when they felt unwell might be attributed to self-pressure rather than management pressure. It was also considered that the Boorman review of NHS Health and Well-being might have influenced staff behaviour in this respect, and
- b) key finding 36 – percentage of staff having received Equality and Diversity Training in the last 12 months. Equality and Diversity training was not currently mandated as an annual training requirement at UHL. However, the existing training provision was currently being reviewed. Mr P Panchal, Non-Executive Director, noted that he had discussed this matter recently with the Service Equality Manager and the PPI and Membership Manager, suggesting that the development of increased cultural awareness within the organisation might be more beneficial than completing annual legislative training updates. The Committee Chair queried what the gold standard for Equality and Diversity training might look like, and whether this standard would be delivered every year or every two years.

The Director of Communications and External Relations drew the Committee's attention to the local staff polling results provided within paper D (Minute 6/11/2 below refers) and he encouraged members to read across between the two reports. The Organisational Development Manager confirmed that these two sources of feedback had been cross-matched and a correlation between them had been built in to the priority action plan.

The Committee Chair queried whether the Divisions were appropriately resourced and equipped to respond to the survey results and deliver the interventions required. In response the Director of Human Resources detailed the proposed arrangements for Divisional Directors, Divisional Managers and CBU Managers to deliver face-to-face staff briefings, supported by the Organisational Development Manager and Divisional HR Leads.

The Director of Human Resources summarised the positive outcomes in respect of

improved scores in the areas of appraisal and staff motivation and acknowledged the areas where additional work was required. The Chief Operating Officer/Chief Nurse particularly noted that at the time the survey was undertaken (between October 2010 and December 2010), the Trust had recently implemented a significant management of change process. The Committee supported the key findings and priority actions for cascade briefings and implementation throughout the organisation, noting that monitoring of the implementation arrangements would be carried out through the Workforce and Organisational Development Committee.

DDHR

**Resolved – that (A) the key findings and priority action plan in respect of the National NHS Staff Survey 2010 be supported for implementation throughout the Trust, and**

**(B) the implementation arrangements be monitored through the Workforce and Organisational Development Committee, as appropriate.**

DDHR

6/11/2

Results and Implications of Local Staff Polling – January 2011

Paper D provided a summary of the quarter one data following UHL staff polling in over a 4 week period during January and February 2011. Members noted that the response rate for the survey had been disappointing low, standing at 17% for on-line returns and 28% for paper copies. However, a number of returns had not been used for reasons such as all boxes being ticked or lack of clarity regarding the area staff came from. Feedback from the staff polling results would be communicated to the relevant Directorates/Divisions through local team presentations based upon the key themes and aligned to feedback from local patient polling results. The Director of Nursing noted the importance of links between staff satisfaction and customer satisfaction, as evidenced by commercial organisations.

In discussion on this report members noted the disappointing results from Clinical Divisions regarding the lack of feedback or recognition based upon good performance and expressed concern regarding responses to the question regarding provision of materials/equipment to do their job well. In terms of tools and equipment, the Director of Human Resources advised that the emphasis had been around a lack of IT tools, rather than hospital equipment. Responding to a query from Mr P Panchal, Non-Executive Director, the Medical Director provided assurance that appropriate reporting mechanisms were in place to escalate any patient safety concerns regarding lack of equipment. In response to a further query raised by Mr I Reid, Non-Executive Director, the Director of Human Resources confirmed that communication with staff would include details of the work currently in progress to address known IT “irritants”.

Changes to the survey process for quarters two and three had been proposed to support improvements in response rates by creating greater opportunity to preserve anonymity within certain response fields. The Organisational Development Manager also noted that encouragement by line management to complete the survey would also be helpful. It was agreed that a further report on local staff polling would be presented to the Workforce and Organisational Development Committee at the next meeting.

ODM

**Resolved – that (A) the contents of paper D be received and noted, and**

**(B) the Organisational Development Manager be requested to present a further report on local staff polling to the Workforce and Organisational Development Committee on 22 June 2011.**

ODM

6/11/3 Medical Engagement

The Medical Director introduced paper E, outlining progress against some of the multi-faceted initiatives being taken forward within the overall framework to increase medical engagement within UHL. Mr I Reid, Non-Executive Director, sought clarity regarding the key actions, lead roles and timescales for the developing work streams. The Director of Communications and External Relations suggested that a strategy and action plan to address the key areas be developed and it was agreed that this would be presented to the Workforce and Organisational Development Committee on 22 June 2011.

MD

The Director of Human Resources highlighted opportunities to include characteristics from examples of best practice and the availability of external modular learning courses to supplement leadership preparation and development. Members also noted that the Executive Team regularly reviewed progress against improving staff engagement and medical engagement.

**Resolved – that (A) the contents of paper E be received and noted, and**

**(B) the Medical Director be requested to provide a further update in respect of medical engagement (including an outline action plan) to the Workforce and Organisational Development Committee on 22 June 2011.**

MD

6/11/4 Staff Appraisal

The Senior Training and Development Manager presented paper F, an update on performance against appraisal trajectories and key findings relating to appraisal arising from the staff survey results. Appendix 1 to paper F provided the Internal Audit final draft report following the Review of Appraisals, Training and Development at UHL, which was planned to be reviewed by the Audit Committee on 12 April 2011. In considering this report, members noted that:-

- a) Internal Audit had provided significant assurance in respect of the overall monitoring and performance framework and delivery of staff appraisals. However, limited assurance had been provided in respect of the systems and processes in place around capturing, reporting and monitoring of staff training attendance;
- b) work had already taken place in conjunction with the Clinical Skills Unit to enhance the Electronic Skills Passport (ESP) system and resolve the previously noted technical issues;
- c) appraisal performance for February 2011 stood at 90.1% and work was being undertaken by the appraisal quality leads and HR leads to improve performance further in order to achieve the target of 100%. Initiatives included improved real-time reporting mechanisms, better scheduling of appraisals and reduced ratios between appraiser and appraisees;
- d) the Statutory and Mandatory Training sub-group was currently reviewing the Policy for Statutory and Mandatory Training with a view to re-launching the revised policy in January 2012;
- e) opportunities were being explored to manage staff expectations regarding training opportunities appropriately, in view of existing financial restrictions;
- f) 7 of the 8 medium risk areas for improvement had related to staff training and the Director of Human Resources highlighted the processes in place to identify a set of joint actions to address these learning points. The Director of Nursing added that a gap analysis was being undertaken to ensure a joined up approach between Corporate Nursing educators, Clinical Education and HR training, and

- g) a further update on staff appraisal would be provided to the Workforce and Organisational Development Committee in 6 months' time (September 2011).

STDM

**Resolved – that (A) the contents of paper F be received and noted, and**

**(B) the Senior Training and Development Manager be requested to provide a further report on staff appraisal to the Workforce and Organisational Development Committee in six months' time (September 2011).**

STDM

6/11/5 Becoming an Employer of Choice

Further to Minute 17/10 of 21 December 2011, the HR Shared Services Manager presented an updated discussion paper describing proposals for developing UHL's brand as an employer (paper G refers). She highlighted the following phased approach, which had also been considered and supported by the Executive Team on 8 March 2011:-

- phase 1 – diagnosing and improving understanding of the current position at UHL in respect of attracting and retaining staff and what makes staff choose to leave the Trust (appendix 1 to paper G provided an action plan for this work);
- phase 2 – analysing the feedback and using it to develop UHL's brand;
- phase 3 – implementation and communication, and
- phase 4 – arrangements for monitoring and reviewing progress.

Members considered the arrangements for developing UHL's brand through the integrated business planning process, Caring at its Best, and the "Good to Great" strategy, and discussed the differing relevance of branding from the perspective of staff, patients and key stakeholders. The Patient Adviser suggested that the objective to create a distinguished organisation which everybody could identify with might be undermined by any services with a less distinguished reputation. The Director of Communications and External Relations noted that UHL's brand would be played out by local experiences and he drew a comparison with commercial organisations with multiple brand identities, such as Virgin and Proctor and Gamble.

The Committee Chair noted that the National Staff Survey results for staff likely to recommend the Trust as a place to work or receive treatment were below the national average. Mr P Panchal, Non-Executive Director, also queried whether any external research was being undertaken regarding Leicester as an attractive place to live and work. Members noted that a further report would be presented to the Workforce and Organisational Development Committee on 22 June 2011.

HR  
SSM

**Resolved – that (A) the contents of paper G be received and noted, and**

**(B) the HR Shared Services Manager be requested to provide a further report in respect of building and developing UHL's brand to the Workforce and Organisational Development Committee on 22 June 2011.**

HR  
SSM

7/11 **ORGANISATIONAL DEVELOPMENT PLAN**

The Director of Human Resources presented the Organisation Development Plan and Strategic Action Plan for 2011-13 (paper H refers), noting that additional information would be included in the next iteration of the plan in respect of the organisational approach to process excellence. There were no comments or queries relating to this report.



**Resolved – that the UHL Organisational Development Plan and Strategic Action Plan 2011-13 (paper H) be received and noted.**

**8/11 PEOPLE STRATEGY**

8/11/1 Foundation Trust Journey

The Workforce Development Manager attended the meeting to present paper I, a progress report in respect of developing the FT workforce programme and plan. Discussion took place regarding the overarching workforce assumptions relating to administrative and clerical staff headcount reductions, sickness absence targets and reducing agency staff usage. The Workforce Development Manager provided an update regarding the proposed leadership arrangements for key corporate CIP schemes.

In response to a query from Mr P Panchal, Non-Executive Director, the Committee discussed the workforce reductions delivered through natural staff turnover during 2010-11, alongside the opportunities for staff redeployment and the actual number of redundancies that had been implemented. Members noted that transitional funding was being sought for redundancy payments, in the light of reduced opportunities for redeployment in future years. The Director of Communications and External Relations noted that the workforce assumptions did not impact upon medical or nursing staff and he commented upon the changing workforce profile. The Director of Human Resources responded that improvements to job planning arrangements for medical staff were being developed as a cross-cutting Divisional CIP theme.

The Staff Side Chair raised concerns regarding the HR workstream to review banding arrangements and any associated pay protection issues. In response, the Director of Human Resources noted that this workstream would focus upon ensuring that the duties provided by postholders were appropriate to their banding and she confirmed that a summary of workforce developments would be presented to the next JSCNC meeting on 12 May 2011.

**WDM**

The Committee Chair noted the stretch target to reduce sickness absence levels to 2.5% by 2013 and queried what interventions would be implemented to drive such performance. The Director of Human Resources undertook to present proposals to the Workforce and Organisational Development Committee on 22 June 2011 including examples of good practice in some areas which had made a difference to performance.

**DHR**

It was also agreed that Mrs J Wilson, Workforce and Organisational Development Committee Chair and Mr I Reid, Finance and Performance Committee Chair would arrange to hold a separate conversation to consider and agree the arrangements for these two Committees to review and monitor UHL's headcount reductions to avoid any potential gaps or areas of duplication.

**JW,  
NED/  
IR,  
NED**

**Resolved – that (A) the Workforce Development Manager be requested to present a summary of workforce developments to the next meeting of the JSCNC on 12 May 2011;**

**WDM**

**(B) a report on the management of sickness absence levels and proposals for appropriate interventions be presented to the Workforce and Organisational Development Committee on 22 June 2011, and**

**DHR**

**(C) the respective Chairs of the Workforce and Organisational Development**

**JW,  
NED/**

**Committee and Finance and Performance Committee meet to consider and agree appropriate arrangements for monitoring workforce headcount reductions.**

IR,  
NED

8/11/2 'Liberating the NHS: Developing the Healthcare Workforce' Consultation

The Workforce Development Manager presented a briefing paper on the principles and proposals for planning education and training which were the subject of a consultation exercise, closing on 31 March 2011 (paper J refers). The Director of Human Resources commented upon the opportunities to strengthen local involvement in the selection of training providers and influence the curriculum appropriately. It was agreed that the Workforce Development Manager would provide copies of UHL's response to the consultation to Workforce and Organisational Development Committee members on request.

WDM

**Resolved – that (A) the contents of paper J be received and noted, and**

**(B) the Workforce Development Manager be requested to provide copies of UHL's response to the consultation to Committee members (upon request).**

WDM

8/11/3 Pensions Update

The Director of Human Resources introduced paper K, an overview of the Independent Public Services Pensions Commission final report (the Hutton report) and provided a verbal update in relation to a series of pension seminars currently being hosted by UHL. The Committee Chair summarised the main areas of concern, noting the risk and impact of industrial action by UHL staff or staff from partnership organisations, and appropriate communications with the different groups of staff which might be affected by the proposed changes. The Director of Human Resources provided assurance that targeted communications processes were being developed in this respect and further updates on the potential impact of any changes would be provided to the Workforce and Organisational Development Committee, as appropriate.

DHR

**Resolved – that (A) the update on the potential implications of the Hutton report (paper K) be received and noted, and**

**(B) the Director of Human Resources be requested to keep the Workforce and Organisational Development Committee appropriately informed of further developments.**

DHR

9/11 **ITEMS FOR INFORMATION**

9/11/1 Workforce Data

Members received the Workforce Absence report for the period 1 March 2010 to 28 February 2011 for information (paper L refers). As discussed under Minute 8/11/1 (above), a report on the management of sickness absence levels and proposals for appropriate interventions would be presented to the Workforce and Organisational Development Committee on 22 June 2011.

DHR

**Resolved – that (A) the contents of paper L be received and noted for information, and**

**(B) a report on the management of sickness absence levels and proposals for**

DHR

appropriate interventions be presented to the Workforce and Organisational Development Committee on 22 June 2011.

**10/11 IDENTIFICATION OF KEY ISSUES THAT THE COMMITTEE WISHES TO DRAW TO THE ATTENTION OF THE TRUST BOARD**

There were no issues that needed to be brought to the attention of the Trust Board.

**11/11 ANY OTHER BUSINESS**

**11/11/1 Board to Board Meeting – 8 April 2011**

The Director of Human Resources advised that industrial relations would be one of the topics due to be considered at UHL's Board to Board meeting on 8 April 2011 in respect of UHL's application for FT status. She undertook to provide an update on this matter to the next Workforce and Organisational Development Committee meeting.

**DHR**

**Resolved – that the Director of Human Resources be requested to update the Workforce and Organisational Development Committee on the outcome of the Board to Board meeting on 22 June 2011.**

**DHR**

**11/11/2 Annual Training Awards – 23 March 2011**

The Director of Human Resources briefed members on the arrangements for the Annual Training Awards which were being held that evening. She noted that 162 nationally accredited awards were due to be presented and highlighted the links to the Trust's strategy for reward and recognition.

**Resolved – that the verbal report on the Annual Training Awards be received and noted.**

**12/11 DATE OF NEXT MEETING**

**Resolved – that the next meeting of the Workforce and Organisational Committee be held on Wednesday, 22 June 2011 from 9am-12noon in the Board Room, Victoria Building, Leicester Royal Infirmary.**

**The meeting closed at 11:55am**

Kate Rayns  
Trust Administrator