

Trust Board Paper M

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 2 FEBRUARY 2012

COMMITTEE: Workforce and Organisational Development Committee

CHAIRMAN: Ms J Wilson, Non-Executive Director

DATE OF COMMITTEE MEETING: 19 December 2011. A covering sheet outlining the key issues discussed at this meeting was submitted to the Trust Board on 5 January 2012.

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:

26 March 2012.

Ms J Wilson – Non-Executive Director
27 January 2012

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF THE MEETING OF THE WORKFORCE AND ORGANISATIONAL
DEVELOPMENT COMMITTEE HELD ON MONDAY 19 DECEMBER 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
Mrs S Hinchliffe – Chief Operating Officer / Chief Nurse
Mr R Kilner – Non-Executive Director
Mr A Locke – Patient Adviser (non-voting member)
Mr D Morgan – UHL Staff Side Chair (non-voting member)
Mr P Panchal – Non-Executive Director
Dr D Skehan – Divisional Director, Acute Care
Mr D Tracy – Non-Executive Director
Mr M Wightman – Director of Communications and External Relations

In attendance:

Ms D Baker – Service Equality Manager (for Minute 37/11)
Mrs C Blakemore – Divisional HR Lead, Acute Care and Workforce Equality Lead (for Minute 37/11)
Ms B Kotecha – Assistant Director of Learning and Organisational Development
Mrs H Majeed – Trust Administrator
Dr R Miller – ACCS Trainee (for Minute 36/11/2)
Dr S Ramli – Clinical Fellow, Respiratory Medicine (for Minute 36/11/2)
Ms T Rees – HR Shared Services Manager
Ms E Stevens – Deputy Director of Human Resources
Ms L Willcocks – Organisational Development Manager (from 38/11/1 to 39/11/4)

RESOLVED ITEMS

ACTION

34/11 APOLOGIES AND WELCOME

Apologies for absence were received from Mr M Lowe-Lauri, Chief Executive and Mrs C Ribbins, Director of Nursing.

35/11 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 19 September 2011 (papers A and A1 refer) be confirmed as a correct record.

36/11 MATTERS ARISING FROM THE MINUTES

Members reviewed the contents of the report (paper B refers) detailing the matters arising from the last meeting held on 19 September 2011 (and from previous meetings held on 4 July 2011 and 23 March 2011), the outcome of which was as follows:

- Minute 28/11/2 – the Director of Human Resources advised that meetings had been set-up regarding monitoring/seeking assurance that managers were regularly communicating with their staff as part of their roles. The Chief Operating Officer / Chief Nurse had been leading a review of objectives and how these were

- constructed for the management community and agreed to circulate this, and
- Minute 28/11/3 – the Chief Operating Officer/Chief Nurse confirmed to members that the analysis of appraisals data had been reviewed at the monthly Confirm and Challenge meetings.

COO/
CN

Resolved – that (A) the contents of paper B and the verbal updates be received and noted, and

(B) the Chief Operating Officer/Chief Nurse be requested to circulate the core objectives that had been developed for Managers.

COO/
CN

36/11/1 Foundation Trust Workforce Plan

The Director of Human Resources advised verbally that she had met with Deloitte representatives to discuss the link between the workforce plan and capacity plan. Clinical Business Units had worked in partnership with Deloitte and Finnamore to provide plans for reducing operating costs between October 2011 and March 2012. An update on the 2012-13 workforce plan would be presented to the Finance and Performance Committee on 4 January 2012.

DHR

Resolved – that the Director of Human Resources be requested to present an update on the 2012-13 workforce plan to the Finance and Performance Committee on 4 January 2012.

DHR/
TA

36/11/2 Becoming an Employer of Choice

Dr S Ramli, Clinical Fellow and Dr R Miller, ACCS Trainee attended the meeting to provide an update on their experiences of UHL as an employer two months into their placements.

In discussion on this item, members:

- (i) noted that that the initial recruitment process leading to the interview was generic and organised. However, further to recruitment, staff seemed to face issues in relation to having immediate access to passwords and relevant IT systems to enable them to undertake their roles. The HR Shared Services Manager advised that work was being undertaken with IM&T to resolve these issues and the content of the induction was also being reviewed. The Director of Human Resources expressed disappointment that these issues had not been completely resolved during the August junior doctor intake;
- (ii) noted that there were gaps in the junior doctor rota. The Deputy Director of Human Resources commented that as of end July 2011, confirmation of around 70% of new staff scheduled was received;
- (iii) noted that the fire safety module of the induction had significantly improved;
- (iv) were advised that the workload on different wards within the same hospital varied. The presence of a Consultant during ward rounds made an incredible difference because the Consultant assisted in prioritising the workload;
- (v) noted that the new starters preferred to get information about the Trust from staff already working in UHL, and
- (vi) noted that UHL provided good research opportunities.

The Committee Chairman thanked the junior doctors for their open and honest update and advised that key themes would be summarised and appropriate actions would be taken.

HRSS
M

The Deputy Director of Human Resources advised that Junior Doctors' Forums were

previously held in order to communicate to this group of staff, however attendance at these events was very minimal. The Medical Director also commented that the Trust's IT systems did not allow junior doctors to access work emails from their home.

Resolved – that (A) the verbal update be received and noted, and

(B) the Human Resources Shared Services Manager be requested to present an action plan to the March 2012 meeting of the Workforce and Organisational Development Committee following the main points/issues raised by the two Junior Doctors in respect of UHL becoming an employer of choice.

HRSSM
/TA

36/11/3 Work Programme 2012

The Director of Human Resources presented paper C which detailed a draft annual work programme for the Workforce and Organisational Development Committee (from the December 2011 meeting until the September 2012 meeting). The annual work programme detailed key agenda items over the next four meetings, as well as standing priority items for consideration at each meeting. Members approved the work programme for 2012.

Resolved – that the 2012 work programme be approved.

36/11/4 Divisional Presentations

The Director of Human Resources advised that the Planned Care and Clinical Support Divisions would attend the Workforce and Organisational Development Committee meeting in March 2012 and Acute Care and Women's and Children's Division would attend in June 2012 to present an overview of their Divisional progress on workforce issues including staff engagement, strategy, workforce planning, appraisals and sickness absence. She agreed to prepare a template for the presentations. In response to a query from Mr D Tracy, Non-Executive Director, it was noted that Divisions would be presenting to various Committees on different aspects and the Workforce and Organisational Development Committee would particularly focus on staff engagement/leadership, workforce planning, appraisals and sickness absence. In discussion on this, the Chief Operating Officer/Chief Nurse with support from Trust Administration undertook to initiate a corporate calendar of meetings including details of the Divisional presentations at various meetings.

DHR

COO/
CN

Resolved – the (A) Director of Human Resources be requested to develop a template and invite the Planned Care and Clinical Support Divisions to attend the Workforce and Organisational Development Committee meeting in March 2012 and Acute Care and Women's and Children's Divisions to attend in June 2012 to present an overview of their Divisional progress on workforce issues, and

DHR/
TA

(B) the Chief Operating Officer/Chief Nurse (with support from Trust Administration) be requested to initiate a corporate calendar of meetings including details of the Divisional presentations at various meetings.

COO/
CN/TA

37/11 **EQUALITIES WORKFORCE AGENDA**

The Service Equality Manager and the Divisional HR Lead, Acute Care attended the meeting to present paper D which included:-

- an update on the new Equality Act 2012 and associated Public Sector Duties;
- a description of the Equality Delivery System framework which UHL would use to achieve legal compliance, and

- a report on 2011 workforce equality profile, activities, achievements and proposed plans for 2012-13.

The Service Equality Manager advised that since the enactment of the Equality Act 2010 there were now nine “protected characteristics” which replaced the six “equality strands”. The Department of Health had introduced a new equality framework called the Equality Delivery System (EDS) which UHL had adopted, to help Commissioners and Providers achieve legal compliance. The EDS framework replaced the Single Equality Scheme that all NHS and public sector organisations were required to have in place since 2001. The Equality Delivery Council expected Trusts to publish workforce and patient information to demonstrate its compliance with the Public Sector Equality Duty no later than 31 January 2012 and subsequently at yearly intervals.

The Trust was required to prepare and publish four or more equality objectives that would be reasonable to achieve and progress one or more of the aims of the general equality duty. The objectives must be specific and measurable and UHL needed to set out how progress towards the objectives would be measured. The objectives were required to be publicised at least every four years in a way that was accessible to the public. The objectives would be graded by external organisations to identify equality progress and challenges.

In response to a query from the Deputy Director of Human Resources, it was noted that the workforce related goals of two equality objectives would mainly concentrate on addressing BME and female representation at senior levels and ensuring good representation at all levels. The Director of Human Resources noted that the local community had been engaged to identify the Trust’s priority outcomes but queried whether staff had been involved – in response, the Director of Communications and External Relations with support from the Service Equality Manager and Workforce Equality Lead agreed to liaise with the PPI and Membership Manager regarding this.

**DCER/
SEM/
WEL**

In response to a query on the follow-up in respect of the questionnaire to investigate why the numbers of BME staff and women reduce after Band 6, it was noted that the data would be analysed to find out the reasons. The Committee Chairman noted the need for results of the analysis to be cascaded to the staff who completed the questionnaires. Equality, Diversity and Inclusion update session for Divisional and CBU teams had commenced and were well attended.

In discussion on the ‘age’ characteristic, the Acute Care Divisional HR Lead/Workforce Equality Lead was requested to ensure that the Women’s and Children’s Division considered the workforce profile in respect of midwives and the potential issues for succession planning.

**SEM/
WEL**

Mr P Panchal, Non-Executive Director suggested that Diversity Board meetings were held and the governance structure of how the Trust considered equality issues be discussed – the Service Equality Manager agreed to provide the details outside the meeting.

SEM

The Director of Communications and External Relations noted that in 2011 there had been an increase in the overall proportion of Asian staff employed and the proportion of white staff had reduced. The Service Equality Manager advised that there had been an increase in the number of Asian staff nurses recruited and was due to the change in profile of newly qualified staff nurses finishing their courses at DMU. In discussion on this, members requested that a revised analysis of the proportion of Asian employees excluding nursing staff be developed.

WEL

The Committee Chairman queried the reason for disproportion in the number of BME applications short listed in comparison to their white counterparts – in response, it was noted that the application process was electronic and a high number of applicants were overseas candidates who did not meet the criteria. A deep dive of this had been undertaken and this seemed the main reason for the disproportion.

The Committee Chairman requested that the four equality objectives that the Trust could reasonably achieve to progress one or more of the aims of the general equality duty be presented in March 2012.

**SEM/
WEL**

Resolved – the (A) the contents of paper D be received and noted;

(B) the Acute Care Divisional HR Lead/Workforce Equality Lead, Service Equality Manager and the Director of Communications and External Relations be requested to liaise with the PPI and Membership Manager regarding the ways to engage staff in order to identify a set of equality objectives;

**DCER/
SEM/
WEL**

(C) the Acute Care Divisional HR Lead/Workforce Equality Lead be requested to ensure that the Women’s and Children’s Division consider the workforce profile in respect of midwives and the potential issues for succession planning;

WEL

(D) the Service Equality Manager be requested to provide details regarding the membership of the Diversity Board meetings to Mr P Panchal, Non-Executive Director outside the meeting;

SEM

(E) the Acute Care Divisional HR Lead/Workforce Equality Lead be requested to produce revised analysis of the proportion of Asian employees excluding nursing staff, and

WEL

(F) the Acute Care Divisional HR Lead/Workforce Equality Lead and the Service Equality Manager be requested to present the four equality objectives that the Trust can reasonably achieve, to progress one or more of the aims of the general equality duty.

**SEM/
WEL/
TA**

38/11 HEALTH AND WELL BEING AGENDA

38/11/1 Management of Sickness Absence Levels

The Deputy Director of Human Resources presented paper E, which outlined the progress made since the report presented at the previous meeting in terms of sickness absence reduction and the further work required to maximise attendance at the Trust.

The work of the AMICA counselling service was covered within section 5 of the paper and presentation from Head of Service, AMICA was included in Minute 38/11/2 below.

Appendix 1 outlined a positive downward trend in sickness absence and UHL remained the lowest Trust in East Midlands cumulatively in terms of absence. Members noted the data in appendix 2 had changed slightly since the production of the report. This demonstrated that the sickness absence rate had reduced by 0.67% (which had been identified when the sickness absence report had been re-run, and was a usual trend observed once all sickness absence had been ‘closed down’). It was suggested that future iterations of appendix 2 included the quantum of staff who were off-sick. The October 2011 sickness absence rate was 3.66% and the rolling average for November 2011 was 3.57%. Appendix 3 outlined the current actions taken to reduce sickness absence.

DDHR

The consultation for the sickness absence policy continued to be undertaken and a further draft of the policy had been sent to Staff Side. The Staff Side Chairman noted the need for managers to follow the sickness absence policy on a consistent basis in order to reduce sickness absence levels across the Trust. Members were advised that further work on the analysis of sanctions had been undertaken to produce a full year's data for the JSCNC meeting. The Deputy Director of Human Resources confirmed that there was little change to the previously reported data in September 2011 but it would be continually monitored and reviewed in six months.

Responding to a query, it was noted that any staff who began an absence on the day of the industrial action (i.e. 30 November 2011) were required to submit a sick note in order to receive sick pay.

Mr R Kilner, Non-Executive Director noted that at the November 2011 sickness absence data was discussed by the Acute Care Divisional Board meeting on 9 December 2011 and the figures had significantly risen. In response to this, the Deputy Director of Human Resources advised that there had been an issue with closing absences and resolving this was one of the key priorities for the HR team for the next 2-3 weeks. In discussion on this matter, it was suggested that Divisional presentations to the Committee should include analysis of sickness absence action by pay banding and data on the number of staff dismissed due to sickness related issues.

DHR

Members commented that management of change processes had an impact on increasing the sickness absence levels. The Committee Chairman concluded that managing sickness absence was a Divisional issue and procedures/policies needed to be followed appropriately in order to tackle this issue.

Resolved – that (A) the contents of this report be received and noted;

(B) future iterations of Appendix 2 of paper E (Trust's current position with sickness absence) to include the quantum of staff who were off-sick, and

DDHR

(C) the Divisional presentations to the Workforce and Organisational Development Committee to include analysis of sickness absence action by pay banding and data on the number of staff dismissed due to sickness related issues.

DHR

38/11/2 **AMICA Presentation**

Mr G Price, Head of Service, AMICA attended the meeting to provide an update on the AMICA staff counselling and psychological support service. His team had recently won the 'Caring at its Best' – 'We are one team' award. The team consisted of six highly experienced qualified counsellors and seven associate counsellors. AMICA provided services to eight full service contracts, eight telephone only contracts and three adhoc contracts.

The business plan had been developed in 2009 and there had been an increase in contracts thereby generating income and driving down cost of the AMICA service to UHL to £17,500. Statistical details of UHL take up was detailed in pages 5-6 of paper E. The mean average psychological score for UHL was level 3 – this was positive for a large organisation in the current climate.

AMICA and Occupational Health were using a series of management workshops particularly in relation to emotional resilience and managing stress. It was noted that 1043

UHL staff had used AMICA services from April 2010-March 2011, this included both face to face and telephone counselling. In response to queries in relation to the high number of staff contacting AMICA, it was noted that majority of this were related to personal issues which went 'hand in hand' with work. The Chief Operating Officer/Chief Nurse commented that staff facing bullying and harassment concerns seemed comparatively low – it was noted that this strand had been resolved by the Anti-Bullying Advisors.

Mr D Tracy, Non-Executive Director requested that it would be useful to monitor whether the workforce was getting more/less stressed, in response, members were advised that the new database which was in place would be able to capture this and also monitor trends.

Mr R Kilner, Non-Executive Director queried the number of staff who were recorded as level 1 (actively suicidal) of psychological dysfunction – within UHL this was in the range of 10-12 staff.

Mr P Panchal, Non-Executive Director noted that the AMICA service was based on voluntary referral and queried regarding the staff whom managers thought had a concern – in response, it was noted that this service was well promoted and managers would inform staff about this. Staff were offered to seek the services of AMICA (if they wish) even at disciplinary and grievance.

Responding to a query from the Patient Advisor, it was noted that the AMICA annual report would be published in April 2012. The Committee Chairman requested that the themes arising from this report be presented to the Committee in June 2012.

DDHR

The Director of Human Resources thanked the Head of Service and commented on his enthusiasm to get commercial contracts. She specifically noted that this team were well deserved for the Caring at its Best award.

Resolved – that the themes arising from the AMICA annual report be presented to the June 2012 meeting of the Workforce and Organisational Development Committee.

**DDHR/
TA**

39/11 STAFF ENGAGEMENT STRATEGY

39/11/1 'Caring at its best Staff' Awards

The Assistant Director of Learning and Organisational Development advised that the Chairman and members of the Executive team had presented the 'Caring at its best' quarter 1 awards to winners and highly commended staff in the workplace. The feedback from staff had been very positive. The quarter 2 nominations were open until 20 January 2012 and awards would be presented in March 2012. In preparation for the annual award event, external sponsorship was being secured.

Resolved – that the verbal update be received and noted.

39/11/2 Staff Engagement Update Report

The Assistant Director of Learning and Organisational Development presented paper F which updated the Committee on the key engagement activity. The report provided an update on the four integrated elements of the staff engagement strategy and the 8 point staff experience action plan.

In discussion on this item, members made note that:

- (i) in respect of 'Becoming an Employer of Choice' – data analysis had identified that 'location' and 'career prospects' were the two UHL top attractions for both Medical and Dental and Nursing and Midwifery professions. Work continued to be undertaken in completing an in-depth analysis for other staff groups;
- (ii) the ninth National Staff Attitude and Opinion Survey had been conducted which closed on 16 December 2011. In total, the survey questionnaire had been sent to 1500 employees with a response rate of 47% (compared to 52% in 2010);
- (iii) in the quarter 3 local staff polling, approximately 6000 staff were surveyed with a response rate of 30%. A question had been incorporated in the survey to measure if staff had received feedback on previous survey findings – data showed that significant proportion (57%) of respondents had not received any feedback. The HR team would be liaising with the Divisions to improve performance in this respect;
- (iv) organisationally, there had been actions taken to improve communications as part of a wider review of capacity, capability and governance arrangements;
- (v) appendix 2 listed the proposed improvement actions primarily focussing on improving reporting and presenting information;
- (vi) the suggestion was to move to an annual survey to maximise on the impact of actions and thereby reduce operational costs;
- (vii) rewarding and recognising excellence was covered within section 4 of the paper, and
- (viii) appraisal performance had improved to 93.9% in November 2011. A number of areas had fallen short of the 95% trajectory and cancellation of appraisals was cited as the main reason for non-achievement. Divisional Boards were closely monitoring this and robust performance management would continue to be implemented. Emphasis around appraisal scheduling and the appraiser/appraisee ratio and training sessions were being provided, as required. A new appraisal recording system via SharePoint would commence in April 2012. In response to a query, it was noted that the new system would not change the documentation but it would improve the recording system and will aid in forward planning of scheduling appraisals. Members noted the need for Divisional teams to assure themselves of the quality of appraisals. In further discussion on this matter, the Deputy Director of Human Resources was requested to clarify the accountability arrangements for the appraisal of senior members of staff.

DDHR

The Committee Chairman requested that a further update on staff engagement be provided at the March 2012 meeting.

ADLO
D

Resolved – that (A) the contents of this report be received and noted,

(B) the Assistant Director of Learning and Organisational Development be requested to provide a further update on staff engagement at the March 2012 meeting of the Workforce and Organisational Development Committee, and

AD
LOD/
TA

(C) the Deputy Director of Human Resources be requested to clarify the accountability arrangements for the appraisal of senior members of staff.

DDHR

39/11/3 Engaging Leadership Excellence

The Assistant Director of Learning and Organisational Development presented paper G, which provided an update on the delivery of high quality leadership development interventions and activity at UHL, as set out in the Trust's Engaging Leadership Excellence

Strategy.

In discussion on this item, members:

- (i) queried the support being offered to CBU Medical Leads – in response, it was noted that organised induction programmes which covered key components were provided. Finance workshops were also being rolled out;
- (ii) noted the challenges in recruiting to key senior positions and the need for succession planning given the size of UHL;
- (iii) made note that some Medical Leads had been nominated to attend a leading clinical services programme which was currently delivered by an external company. Plans were in place to model such a programme and run it in-house;
- (iv) note that discussions were being held to develop a profile of talent rating for nursing leaders in order to target those individuals and identify UHL's nursing talent pipeline;
- (v) talent profile for the Trust's 100 senior managers would be presented to the Remuneration Committee on 5 January 2012, and
- (vi) noted that the key priorities had been included within the learning and development strategy.

Resolved – that the contents of this report be received and noted.

39/11/4 Clinical Engagement

The Medical Director provided a verbal update on the following actions being put in place to improve clinical engagement.

- (i) Trust wide Consultant meetings had now been established. The Divisional Directors were taking a lead on this;
- (ii) CBU Leads meeting had not been well-attended. It was proposed to combine this meeting with the Friday afternoon strategy sessions;
- (iii) the medical website was currently being populated and mentors were now involved;
- (iv) cross site physicians meeting was working well;
- (v) work was on-going to identify skills required for each medical leadership position. Gap analysis was being undertaken and training would be provided;
- (vi) discussion was on-going to establish a trainee UHL website in order to aid communication with medical trainees, and
- (vii) the Clinical Commissioning Groups now had a UHL representative.

In response to a query on attendance at the Consultant meetings, it was noted that it was variable however options of altering the meeting dates and setting an agenda for these meetings were being explored. The Organisational Development Manager advised that an update on the Annual Consultants Forum scheduled to be held in March 2012 would be provided to the Workforce and Organisational Development Committee in March 2012.

ODM

Resolved – that the contents of papers G be received and noted, and

(B) the Organisational Development Manager be requested to provide an update from the Annual Consultant's Forum due to be held in March 2012.

**ODM/
TA**

40/11 **PENSIONS**

The Deputy Director of Human Resources provided a verbal update on this item and listed

the following:-

- the HR Team had been working with NHS Discounts in relation to providing total rewards statement for staff. The HR Senior Project Manager through national Electronic Staff Record links had recommended UHL as an early pilot which could mean that the reward statements to UHL staff could be provided by late summer 2012. This work would now replace the plans to progress with NHS Discounts;
- in respect of the national pension consultation review, a revised proposal had been put forward to Unions on 2 November 2011;
- industrial action planned for on 30 November 2011 went ahead and 329 UHL staff were on strike that day, and
- consultation was currently on-going for a further strike at the end of January 2012.

Resolved – that the verbal update be received and noted.

41/11 WORKFORCE DATA

Resolved – that the contents of paper H (detailing absence data) be received and noted.

42/11 ANY OTHER BUSINESS

42/11/1 Training and Development

In response to a query from Mr P Panchal, Non-Executive Director on whether there had been an impact on training and development due to budgetary restriction in the Trust, the Director of Human Resources advised that there had not been a reduction in statutory and mandatory training however, other training had been postponed until September 2012.

Resolved – that the position be noted.

42/11/2 Rotas

Dr D Skehan, Divisional Director, Acute Care expressed concern that there had been issues relating to recruitment in rota. He noted the need to develop novel ways to advertise and suggested that the Deanery be contacted in respect of this matter.

DHR

Resolved – that the above concern be shared with the Deanery.

DHR

43/11 DATE OF NEXT MEETING

Resolved – that the next meeting of the Workforce and Organisational Development Committee be held on Monday 26 March 2012 at 9am in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 12.02pm.
Hina Majeed, **Trust Administrator**