


University Hospitals of Leicester 
NHS Trust

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 25 April 2013

COMMITTEE: Workforce and Organisational Development Committee

CHAIRMAN: Ms J Wilson

DATE OF COMMITTEE MEETING: 8 March 2013

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

- None

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

- The mapping arrangements for Workforce and Organisational Development Committee agenda items to other UHL Committees (as detailed under Minute 2/13), and
- Progress with the Medical Education Strategy (as detailed under Minute 6/13/1).

**Ms J Wilson
19 April 2013**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF THE MEETING OF THE WORKFORCE AND ORGANISATIONAL DEVELOPMENT COMMITTEE HELD ON FRIDAY 8 MARCH 2013 AT 9:30AM IN THE C J BOND ROOM, CLINICAL EDUCATION, LEICESTER ROYAL INFIRMARY****Present:**

Ms J Wilson – Non-Executive Director and Committee Chair
 Ms K Bradley – Director of Human Resources
 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
 Mrs C Ribbins – Director of Nursing (up to and including Minute 6/13/1)

In attendance:

Ms J Ball – Divisional Head of Nursing, Planned Care Division (for Minute 5/13/1)
 Ms L Bentley – Divisional Finance and Performance Lead, Acute Care Division (for Minute 5/13/2)
 Ms C Blakemore – Divisional HR Lead, Acute Care Division (for Minute 5/13/2)
 Professor S Carr – Associate Medical Director, Clinical Education (for Minute 6/13/1)
 Ms M Harris – Divisional Manager, Acute Care Division (for Minute 5/13/2)
 Mr N Kee – Divisional Manager, Planned Care Division (for Minute 5/13/1)
 Ms B Kotecha – Assistant Director of Learning and Organisational Development
 Mrs K Rayns – Trust Administrator
 Ms V Solly – HR Business Partner, Planned Care Division (for Minute 5/13/1)
 Ms E Stevens – Deputy Director of Human Resources

RESOLVED ITEMS**ACTION****1/13 APOLOGIES**

Apologies for absence were received from Mr J Adler, Chief Executive; Dr K Harris, Medical Director; Mrs S Hinchliffe, Chief Nurse/Deputy Chief Executive; Mr D Tracy, Non-Executive Director, and Mr M Wightman, Director of Communications and External Relations.

Apologies for the Divisional presentations were noted from Mr A Furlong, Divisional Director, Planned Care Division and Dr P Rabey, Divisional Director, Acute Care Division.

2/13 LAST MEETING OF THE WORKFORCE AND ORGANISATIONAL DEVELOPMENT COMMITTEE

The Committee Chair briefed members on the decision taken by the Trust Board on 31 January 2013 to disband the Workforce and Organisational Development Committee following a review of UHL Board-level Committees as part of the independent evaluation of UHL's Board Governance undertaken by Capsticks and the Good Governance Institute Alliance. The Trust Board had also committed to reviewing reports on workforce and organisation development matters on a quarterly basis (or more frequently if the need arose) and these would be added to the Trust Board calendar of business with the first such report being scheduled in June 2013.

The Director of Human Resources advised that all relevant Workforce and Organisational Development Committee agenda items would be mapped across to the calendars of business for other UHL Committees (eg Divisional Confirm and Challenge, Quality Assurance Committee and Quality and Performance Management Group) so as not to lose focus on the good work which was taking place within the Divisional teams. It was agreed that the mapping arrangements for agenda items would be incorporated into the June 2013

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Trust Board report. Mr R Kilner, Non-Executive Director supported this approach and recommended seeking views from the Divisions presenting at today's meeting to ascertain the benefits of the presentation process from their perspective. He also suggested that a "look back" review be undertaken in March 2014 to review any impact upon sickness, appraisal and staff survey trends which might be attributed to abolishing this Committee.

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The Patient Adviser commented upon the impressive scrutiny applied by the Workforce and Organisational Development Committee to date in respect of the links between sickness and appraisal rates and patient quality. He queried how this would be addressed going forward. The Director of Human Resources responded by confirming that the data would still be presented to the Trust Board in the same format, and that appropriate performance management arrangements would be woven into the CQUIN indicators and assessment of leadership qualities at ward level.

Mr P Panchal, Non-Executive Director expressed his disappointment that both this Committee and the Research and Development Committee were being disbanded and replaced with Executive level groups and voiced some concern that this might reduce the profile of key issues due to a potential lack of available time at Trust Board meetings. The Director of Nursing provided assurance that the Quality and Performance Management Group would provide appropriate focus on performance against the relevant workforce related KPIs.

Responding to a comment from the Staff Side Chairman regarding potential reductions in opportunities for staff side engagement, the Director of Human Resources provided assurance that staff side representatives would continue to attend the Staff Engagement Group and the new Listening into Action steering group. In addition, the Chief Executive had provided his commitment to actively participate in the UHL Joint Staff Consultation and Negotiation Committee.

Resolved – that (A) the Director of Human Resources be requested to provide quarterly reports to the Trust Board on workforce and organisational development related matters, commencing on 27 June 2013, and

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(B) the mapping arrangements for Workforce and Organisational Development Committee items of business be included in the first such report to the 27 June 2013 Trust Board meeting.

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3/13 MINUTES FROM THE PREVIOUS MEETING

Resolved – that the Minutes of the Workforce and Organisational Development Committee meeting held on 14 December 2012 (paper A) be confirmed as a correct record.

4/13 MATTERS ARISING FROM THE MINUTES

4/13/1 Matters Arising Report

Members reviewed the contents of the report (paper B refers) detailing the matters arising from the last meeting held on 14 December 2012 (and from previous meetings held on 17 September 2012, 25 June 2012 and 26 March 2012), and the following items were particularly noted:-

- i) Minute 41/12/1 of 14 December 2012 – the Director of Human Resources provided assurance that the change in shift patterns within the Women's and Children's Division had been well managed and arrangements were in place to prevent back-to-back shifts being scheduled. It was agreed to include an update in the June 2013 Trust Board report on e-rostering protocols and whether there had been any correlation between the implementation of 12 hour shifts and increased staff sickness levels;

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| ii) Minute 29/12/1 of 17 September 2012 – confirmation was provided that the Remuneration Committee had reviewed the top 170 talent profiles but further Executive Team consideration of the priorities and timescales for this work was required; | DHR |
| iii) Minute 16/12/3 of 25 June 2012 – the implications of FT in terms of the workforce would be considered for inclusion within the Trust Board development programme; | DHR |
| iv) Minute 17/12/2 of 25 June 2012 – the grand parenting arrangements for appraisal sign-off would be included in the next appraisal audit, and | DHR |
| v) Minute 04/12/2 of 26 March 2012 – the impact of changes to the Management of Sickness Absence Policy would be reviewed and reported accordingly. | DDHR |

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

(B) the items detailed in points (i) to (v) above be noted and actioned, as appropriate.

**Named
EDs**

5/13 WORKFORCE AND STAFF ENGAGEMENT DIVISIONAL PRESENTATIONS

5/13/1 Presentation from the Planned Care Division

The Divisional Manager, Head of Nursing and HR Lead attended the meeting to provide a presentation on issues concerning workforce and staff engagement within their Division (paper E refers). The Division particularly highlighted:-

- (a) the additional value provided by health and wellbeing “hot spot” review meetings held with managers;
- (b) recent improvements in the quality of referrals to Occupational Health;
- (c) less than satisfactory appraisal rates within GI Medicine and Specialist Surgery where trajectories had been agreed to improve the position to above 95% by the end of March 2013;
- (d) significant interest in the recently advertised Deputy Divisional Director role;
- (e) focused plans for reducing discretionary pay expenditure;
- (f) that the Theatres, Anaesthesia, Pain Management and Sleep (TAPS) CBU had been successfully incorporated into the Division following the organisational restructure,
- (g) positive progress in sustaining and enhancing clinical engagement, and
- (h) the key transformation work streams being taken forward, which included theatre improvements, critical care capacity, ophthalmology, single site surgical take, administrative and clerical review, and transcription services.

In discussion on this item, the following comments and queries were raised:-

- i) Mr R Kilner, Non-Executive Director queried the contributory factors for the 82.7% appraisals performance in Specialist Surgery and noted in response the disparate nature of this CBU and the challenges it faced. Medical leadership and clinical engagement was noted to be improving and a bi-monthly staff newsletter had been introduced in Ophthalmology;
- ii) Mr R Kilner, Non-Executive Director noted that the workforce numbers between March 2012 and March 2013 had been reasonably static and queried what the Division would be doing differently to prepare for a potential 5% reduction. In response, the Divisional Manager confirmed that the 2013-14 workforce plans had been prepared but further focus was required on the three year rolling programme. This would include detailed reviews of roles, numbers of FY1s, Consultant job plans, practitioner roles, administrative and clerical reviews, PA support and greater use of technology;
- iii) the Deputy Director of Human Resources challenged the Division’s plans for reducing premium pay expenditure and noted in response that eight middle grade doctors would be joining the TAPS CBU imminently and that e-rostering had been implemented within the anaesthetics service in the last two weeks which had increased the focus in this area. A consultation process relating to seven day working patterns was also due to

- commence shortly;
- iv) the Patient Adviser sought and received assurance regarding actions in place to reduce clinic over-runs in Ophthalmology and improve communications with patients when this did occur. Mr P Panchal, Non-Executive Director queried whether there were any barriers preventing staff from making announcements to patients in the waiting area regarding clinic delays. The Divisional Manager confirmed that clinical staff were being encouraged to do this through increased understanding of their roles;
 - v) Mr P Panchal, Non-Executive Director queried whether there had been any adverse impact arising from the Facilities Management changeover to Interserve and noted in response that the domestic services were fine, but there had been some teething problems surrounding the process for ordering additional patient meals and transport arrangements for urgent blood samples. Staff had also noticed an increase in the price and decrease in portion sizes in the staff restaurant. The Director of Human Resources provided feedback from a visit to ward 16 on 7 March 2013 where the quality of patient meals was noted to be excellent;
 - vi) the Staff Side Chairman sought and received assurance regarding the arrangements for rolling out the transforming transcription work stream and members particularly noted the feedback from Consultants regarding improvements in the quality of transcription.

In conclusion, the Committee Chair thanked members of the Planned Care Divisional team for their presentation, recognising the progress they had made to-date and sought the Division's views regarding the benefits of the presentation process. In response the Divisional Manager confirmed that the preparations for Workforce and Organisational Development Committee prompted the Division to take stock of their position in respect of its workforce issues and reinforced the value of strong workforce engagement.

Resolved – that the contents of the presentation (paper E refers) and the additional verbal information provided, be received and noted.

5/13/2 Presentation from the Acute Care Division

The Divisional Manager, Divisional HR Lead and the Divisional Finance and Performance Manager attended the meeting to provide a presentation on issues concerning workforce and staff engagement within their Division (paper D refers). During the presentation, the Division particularly highlighted the following points:-

- (a) the reported staff sickness rate for the Division (4.67%) was expected to reduce to 4.17% once the remaining outstanding episodes of sickness had been closed down. The Division outlined the governance mechanisms in place to manage staff health and wellbeing appropriately;
- (b) lessons had been learned from the disappointing appraisal rate (86.6%) and as a result it had been agreed not to schedule any staff appraisals during the Division's busiest periods in January, February and March;
- (c) a range of initiatives to enhance staff engagement and the approach had been tailored accordingly to increase relevance to each specialty/hospital site;
- (d) Mr J Bennett had now been appointed to the role of Deputy Divisional Director, and
- (e) the Division's continued achievements in respect of Caring at its Best awards.

In discussion on the presentation, Workforce and Organisational Development Committee members:-

- (i) noted the impact of nursing staff moving between wards, Directorates and hospital sites and the assurance provided that new nursing appointments were not contractually site-specific, but individual preferences were identified and taken into account wherever possible;
- (ii) Mr P Panchal, Non-Executive Director noted the challenges in respect of ED performance and queried how this had affected staff morale. The Divisional

- Manager provided assurance that every effort was being made to create positive staff engagement in the Right Place Consulting proposals for the new emergency care pathway model, but the feedback received from “exit interviews” held with staff leaving the Trust had reflected the pressures staff were experiencing;
- (iii) the Staff Side Chairman requested further information to evidence that staff warnings and dismissals relative to sickness absence were being addressed consistently across all bands of staff. The Divisional HR Lead agreed to provide this data to the Staff Side Chairman outside the meeting;
 - (iv) the Patient Adviser queried whether regular occurrences of clinic over-runs could be attributed to any particular Consultants. The Division confirmed that such data was currently being validated as part of the wider work on Consultant job planning;
 - (v) the Committee Chair welcomed the Division’s ideas to support a culture of staff engagement and noted their progress in respect of structural changes to the CBUs, and
 - (vi) the Division was requested to advise the Director of Human Resources whether any of their staff were likely to benefit from any one-to-one coaching arrangements.

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In conclusion, the Committee Chair thanked members of the Acute Care Divisional team for their presentation, recognising the progress they had made to-date and sought the Division’s views regarding the benefits of this presentation process. In response the Divisional Team advised that they found the presentation process, subsequent discussion and being held to account in this way very helpful. They confirmed that the Division’s workforce was absolutely crucial to their service delivery and suggested that a continued focus might be maintained through the Divisional Confirm and Challenge meetings.

Resolved – that (A) the contents of the presentation (paper D refers) and the additional verbal information provided, be received and noted, and

(B) the Divisional HR Lead be requested to provide data on the Division’s consistent application of sickness management sanctions to the Staff Side Chairman outside the meeting.

DHRL

6/13 CLINICAL LEADERSHIP AND ENGAGEMENT

6/13/1 Medical Education Strategy

Professor S Carr, Associate Medical Director, Clinical Education attended the meeting to present paper C which detailed the current issues in respect of medical education and training. The report was taken as read and the Committee noted the following additional information in response to the comments and queries raised:-

- (a) appropriate support was being provided by the Facilities Department in respect of the proposal to develop a new library on Odames ward. It was noted that this work was being led by Mr N Bond, Capital Projects Manager, although little progress had been evidenced within the last two months;
- (b) an update on the new arrangements for the Local Education and Training Board which was Chaired by UHL’s Chief Executive and the Director of Human Resources was Vice-Chair;
- (c) the position in respect of income and cost allocations was being clarified and the SIFT allocation process was being made much tighter. Student level breakdowns of income and expenditure were being developed through the PLICS system which was able to provide detailed information on Consultant time allocations, reduced clinical activity, library and resources. Mr R Kilner, Non-Executive Director sought a timescale for the provision of such data and noted in response that subject to completion of the work on Consultant job plans and SIFT accountability, such reports should be made available to CBUs and Divisions within the next few months;
- (d) senior education leads were being appointed within the CBUs with a view to implementing a Quality Dashboard for education, but there were still some delays

being experienced surrounding lack of resources and the implementation of appropriate performance management processes. The Director of Human Resources commended the progress made to date and confirmed that the Executive Team would enforce CBU processes for performance management;

- (e) Mr P Panchal, Non-Executive Director queried whether any programme of dementia awareness training was planned for medical staff and noted in response that medical staff already received some dementia awareness training and the Trust's medical and nursing leads for dementia were engaged in the development of improving care for dementia patients as part of UHL's Quality and Safety Commitment;
- (f) the Assistant Director of Learning and Organisational Development advised that Dr P Hooper, Specialist Trainee in Gastroenterology had recently joined the membership of the Listening into Action steering group, and
- (g) Mr C Lawson, Junior Doctor Engagement Project Manager was currently seeking nominations for the new UHL Training Committee which was scheduled to meet in June 2013.

The Committee requested that a further progress report on medical education the training issues be provided to the 27 June 2013 Trust Board meeting.

AMD,
CE

Resolved – that (A) the contents of paper C and the subsequent discussion be received and noted, and

(B) the Associate Medical Director, Clinical Education be requested to provide a further report on medical education and training issues to the 27 June 2013 Trust Board meeting.

AMD,
CE

7/13 STAFF ENGAGEMENT STRATEGY

7/13/1 UHL's Organisational Development Plan

The Director of Human Resources introduced paper F providing a progress update on the development of the UHL Organisational Development Plan for 2013-15. The draft OD Plan was appended to the report as appendix 1. Members noted that the report had not been presented to the Cross Divisional Executive Forum as planned due to the meeting selected for that purpose being inquorate. Appendix 3 to paper F provided the Leadership and Management Standards which had also now been mapped to the recommendations arising from the Francis Inquiry report.

The Committee sought assurance on the process for rolling out and embedding the Leadership and Management Standards throughout the Trust and noted (in response) that this had been re-scheduled for a future Cross Divisional Executive Forum and would also be presented to the next meeting of the Listening into Action (LiA) steering group. Furthermore, a programme for rolling out the standards and arrangements for monitoring progress was being finalised. Mr R Kilner, Non-Executive Director suggested that additional questions might be incorporated into the template for safety walkabouts to ascertain whether staff were engaged with current developments in their ward or area.

Resolved – that the contents of paper F and the verbal update provided be received and noted.

8/13 STAFF ATTITUDE AND OPINION SURVEY

Paper G updated the Workforce and Organisational Development Committee on the areas of the National Staff Survey results for 2012 where the Trust had seen the most significant changes against the previous year's results. The Director of Human Resources offered to share the full survey results with any interested parties upon request outside the meeting.

Discussion took place regarding the arrangements for local staff polling and the Listening

into Action (LiA) “pulse check” survey and the Assistant Director of Learning and Organisational Development notes some concerns that UHL staff might be overloaded with staff surveys if both surveys were to go ahead as planned. This issue was due to be considered at the next meeting of the LiA steering group. The Patient Adviser noted that the Universities tended to undertake their student satisfaction polls at this time of the year also. It was noted that staff survey results formed an important part of the impressions of the Trust as an employer to potential applicants (as did some social networking pages).

The Staff Side Chairman commented on the positive improvements in staff survey results but expressed concern regarding the results for question KF20 (staff feeling pressure to come to work when feeling unwell). The Deputy Director of Human Resources noted that organisations with a high sickness absence level could also be affected with challenging “presenteeism” issues, but UHL was striving to address this issue through appropriate staff training.

The Committee Chair highlighted the score for question KF12 (availability of hand washing materials) and advised that the Quality Assurance Committee would be reviewing these results in more detail (including any potential contributory factors) at a future meeting.

Resolved – that (A) the update on the National Staff Survey results for 2012 be received and noted, and

(B) the Quality Assurance Committee be requested to review the results for question KF12 and any potential contributory factors.

**QAC
Chair**

9/13 LISTENING INTO ACTION

Paper H described the arrangements for implementing the Listening into Action (LiA) approach at UHL and outlined the progress made to date. The report was taken as read, but the following aspects were discussed in more detail:-

- (a) the size of UHL’s LiA sponsor group (22 members) compared to the optimum number recommended by Optimise (10 members) and the comparative size of the Trust;
- (b) opportunities to review the “pulse check” results from other Trusts where LiA had been implemented successfully;
- (c) opportunities to include a Patient Adviser representative within the sponsor group – the Director of Human Resources noted that there were already some concerns about the size of the sponsor group but she agreed to consult the Director of Communications and External Relations about this option;
- (d) Mr P Panchal, Non-Executive Director highlighted the established protocol for communicated information to staff and requested that Non-Executive Directors be included in this process. Mr R Kilner, Non-Executive Director suggested that it might be more effective to create an information portal for Non-Executive Directors rather than circulate everything by email, and
- (e) the level of interest that had been expressed in the secondment opportunity to lead the LiA workstream as LiA Co-Ordinator. The Director of Human Resources confirmed that the period for expressions of interest had now closed. A job description and person specification had been prepared nationally but a flexible approach to recruitment was being used to ensure a balance between rigorous project management skills and good clinical leadership skills.

Resolved – that (A) the update on Listening into Action implementation arrangements be received and noted, and

(B) further progress reports be presented to the Trust Board as appropriate.

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10/13 REPORTS FOR INFORMATION

10/13/1 Sickness Absence Performance

Resolved – that the contents of paper I be received and noted.

10/13/2 Let's Keep Talking

Resolved – that the contents of paper J be received and noted.

11/13 ANY OTHER BUSINESS

There were no items of any other business.

12/13 IDENTIFICATION OF KEY ISSUES THAT THE COMMITTEE WISHES TO DRAW TO THE ATTENTION OF THE TRUST BOARD

- the mapping arrangements for Workforce and Organisational Development Committee agenda items to other UHL Committees (as detailed under Minute 2/13), and
- progress with the Medical Education Strategy (as detailed under Minute 6/13/1).

Resolved – that the key issues highlighted above be brought to the attention of the Trust Board.

Cumulative Record of Members' Attendance (2012-13 to date):

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J Wilson (Chair)	4	4	100%	A Locke	4	4	100%
J Adler	1	0	0%	M Lowe-Lauri	1	1	100%
J Birrell	2	0	0%	D Morgan	4	3	75%
K Bradley	4	4	100%	P Panchal	4	4	100%
K Harris	4	0	0%	C Ribbins	4	4	100%
S Hinchliffe	4	2	50%	D Tracy	4	3	75%
R Kilner	4	4	100%	M Wightman	4	1	25%

The meeting closed at 12.15pm

Kate Rayns
Trust Administrator