

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 25 October 2012

COMMITTEE: Workforce and Organisational Development Committee

CHAIRMAN: Ms J Wilson, Non-Executive Director

DATE OF COMMITTEE MEETING: 17 September 2012

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

There are no specific recommendations for the Trust Board from the Workforce and Organisational Development Committee.

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

- the development of management standards;
- bi-annual presentations received from the Planned Care and Acute Care Divisions, and
- feedback from the trainee doctor regarding his experiences of joining the Trust.

DATE OF NEXT COMMITTEE MEETING: 14 December 2012

**Ms J Wilson
19 October 2012**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF THE MEETING OF THE WORKFORCE AND ORGANISATIONAL
DEVELOPMENT COMMITTEE HELD ON MONDAY 17 SEPTEMBER 2012 AT 9:15AM 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
Mrs S Hinchliffe – Chief Operating Officer/Chief Nurse
Mr R Kilner – Non-Executive Director
Mr A Locke – Patient Adviser (non-voting member) (from Minute 27/12/1 until part of Minute 32/12)
Mr D Morgan, UHL Staff Side Chair (non-voting member)
Mr P Panchal – Non-Executive Director
Mrs C Ribbins – Director of Nursing (from Minute 29/12/1)
Mr D Tracy – Non-Executive Director

In attendance:

Dr S Agrawal – Assistant Medical Director (for Minute 28/12/2)
Ms D Bailey – Divisional HR Lead, Planned Care (for Minute 30/12/1)
Ms C Blakemore – Divisional HR Lead, Acute Care (for Minute 30/12/2)
Dr S Carr – Associate Medical Director, Clinical Education
Mr J Clarke – Acting Director of IM&T (for Minute 32/12)
Ms L Gallagher – HR Shared Services Manager (for Minute 32/12)
Ms M Harris – Divisional Manager, Acute Care (for Minute 30/12/2)
Mr N Kee – Divisional Manager, Planned Care (for Minute 30/12/1)
Ms B Kotecha – Assistant Director of Learning and Organisational Development
Mr A Ling – Anaesthetics and ITU Registrar (for Minute 32/12)
Ms S Mason – Divisional Head of Nursing, Acute Care (for Minute 30/12/2)
Mr P Rogers – Senior Project Manager (for Minute 31/12)
Mrs K Rayns – Trust Administrator
Ms E Stevens – Deputy Director of Human Resources

RESOLVED ITEMS

ACTION

25/12 APOLOGIES

Apologies for absence were received from Mr J Birrell, Interim Chief Executive, Dr K Harris, Medical Director; and Mr M Wightman, Director of Communications and External Relations.

26/12 MINUTES FROM THE PREVIOUS MEETING

Resolved – that the Minutes of the Workforce and Organisational Development Committee meeting held on 25 June 2012 (papers A refers) be confirmed as a correct record.

27/12 MATTERS ARISING FROM THE MINUTES

27/12/1 Matters Arising Report

Members reviewed the contents of the report (paper B refers) detailing the matters arising from the last meeting held on 25 June 2012 (and from previous meetings held on 26 March 2012 and 19 December 2011), the outcome of which was as follows:-

- i) Minute 16/12/1 (bullet point 1) – confirmation was provided that the accountability arrangements for appraisal of senior managers had been circulated and this item would be removed from the matters arising report;

TA

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|--|---------------------------------|
| ii) Minute 16/12/1 (bullet point 2) – the Director of Human Resources advised that whilst the roles and responsibilities were explicit within the job planning training system, a one page summary had not yet been prepared and circulated. The Director of Human Resources agreed to undertake this action in the absence of the Medical Director; | DHR |
| iii) Minute 16/12/3 – confirmation was received that the Workforce and Organisational Development Committee work programme had been updated to reflect the changes agreed on 25 June 2012; | |
| iv) Minute 17/12/2 (bullet point 1) – the Assistant Director of Learning and Organisational Development confirmed that appraisal training and guidance documentation had been updated to reflect the arrangements for grand parenting. Mr R Kilner, Non-Executive Director suggested that assurance be sought during ward visits and safety audits that the grand parenting arrangements for appraisals were embedded within the organisation. The Assistant Director of Learning and Organisational Development was requested to include the grand parenting arrangements within future appraisal audits and include this in the next appraisals report to the Workforce and Organisational Development Committee in June 2013; | NEDs

ADLOD |
| v) Minute 17/12/2 (bullet point 2) – members noted that the background relating to the review of play specialists had been provided to Mr P Panchal, Non-Executive Director outside the meeting; | |
| vi) Minutes 17/12/2 (bullet point 3) – the Director of Nursing was requested to circulate a briefing note on working patterns (12 hour shifts) and the links to the nursing staffing review outside the meeting; | DoN |
| vii) Minute 18/12/1 – the Director of Human Resources provided a verbal report on the development of UHL’s Organisational Development Plan which would feature as a substantive agenda item for the 14 December 2012 Workforce and Organisational Development Committee meeting; | DHR |
| viii) Minute 20/12 – the Trust Administrator was requested to re-circulate the web link to the “Work for Us” area of UHL’s external website (previously provided by the HR Shared Services manager in relation to recruitment branding); | TA |
| ix) Minute 20/12/1 – It was confirmed that granular details of recruitment challenges were provided in the organisational risk register and an update on hotspots, risks and actions would be presented to the Committee in December 2012. Discussion took place regarding the key differences and potential disconnect between the organisational and strategic risk registers and Mr D Tracy, Non-Executive Director advised that this theme was being reviewed by the Governance and Risk Management Committee, and | DHR |
| x) Minute 04/12/2 of 26 March 2012 – the Staff Side Chairman queried what was meant by the “impact” of changes to the Management of Sickness Absence Policy. In response, the Committee Chair advised that the Workforce and Organisational Development Committee would consider whether there had been any measurable consequences of the change in this policy at the December 2012 meeting. | DDHR |

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

(B) the Director of Human Resources be requested to circulate a one page summary of the job training system, roles and responsibilities outside the meeting;	DHR
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(C) Non-Executive Director members be requested to seek assurance during ward visits and safety audits that grand parenting arrangements for appraisals were embedded within the organisation;	NEDs
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(D) grand parenting arrangements be included in the next appraisal audit (April 2013) and an update be provided to the Workforce and Organisational Development Committee in June 2013;	ADLOD
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(E) the Director of Nursing be requested to circulate a briefing noted on working patterns (12 hour shifts) and the links to the nursing staffing review outside the	DoN
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meeting;

(F) UHL's Organisational Development Plan be presented to the Committee in December 2012; **DHR**

(G) link to the "Work for Us" area of UHL's external website to be re-circulated to members outside the meeting; **TA**

(H) update on recruitment hotspots, risks and actions to be presented to the Committee in December 2012, and **DHR**

(I) update report on the revised Management of Sickness Absence Policy to be presented to the Committee in December 2012 (six months post implementation). **DDHR**

28/12 CLINICAL LEADERSHIP AND ENGAGEMENT

28/12/1 Medical Education and Training – Update

Dr S Carr, Associate Medical Director, Clinical Education introduced paper C which highlighted current issues relating to medical education and training in UHL and reported progress against the actions being taken in this respect. During the presentation, Dr Carr particularly noted:-

- (a) concerns expressed by the Deanery during a visit in March 2012 regarding reduced training opportunities arising from high clinical service activity in Medicine and ED and an associated reduction in morale and engagement of trainers and trainees;
- (b) non-compliance with NHSLA standard 5.1 (supervision of medical staff in training) based upon feedback arising from the National Training Survey, Deanery reports and the Trust's responses to concerns raised;
- (c) a restructure of UHL's Department of Clinical Education undertaken in the last 12 months and a summary of the projects to increase the focus on education quality and governance, trainee engagement, medical workforce issues, and availability of education space and facilities, and
- (d) areas of the 2012 GMC survey results where UHL currently featured as an outlier (eg undermining, which was noted to include trainees who had experienced behaviour by a Consultant which had undermined their confidence or self-esteem).

In discussion on the presentation:-

- (i) Mr D Tracy, Non-Executive Director suggested that a more co-ordinated action plan including targets, timelines and benchmarking data would be helpful. The action plan should also set out a vision of where the Trust wanted to be, how it proposed to get there and define any additional resources required. In response, Dr Carr indicated an aspiration to be at or near to the top of performing Trusts within one year, subject to the introduction of additional resources, monitoring through key performance indicators and appropriate use of the SPA sessions within Consultant job plans, which were currently under review. The Deputy Director of Human Resources noted the multi-faceted approach to improving the quality of medical education and training, advising that the Education Strategy would be a key enabler and that the associated action plan would help to connect these various workstreams; **AMD, CE**
- (ii) the Committee Chair requested that the Education Strategy be presented to the December 2012 Workforce and Organisational Development Committee meeting, together with an update on the review of Consultant SPA sessions. Mr D Tracy, Non-Executive Director suggested that a Trust Board discussion on the predicted shortfall in clinical education and training resources would be beneficial. A paper on this issue was due to be presented to the 27 September 2012 Trust Board meeting; **AMD, CE**
- (iii) discussion took place regarding the impact of expected reductions in medical

- education funding and reduced numbers of trainees. Dr Carr reported that some areas of the Trust had presented innovative ideas where funding reductions had already started to take effect. She urged Divisional Directors to adopt a cohesive strategy and engage fully in this process, and
- (iv) Mr R Kilner, Non-Executive Director noted a connection between the GMC survey results on undermining and the staff survey results and queried the scope to develop the large number of SPA sessions allocated to educational activity across the Consultant workforce.
- DDs**

Resolved – that (A) the update on medical education and training be noted;

(B) a report on UHL’s Education Strategy be presented to the Workforce and Organisational Development Committee in December 2012, together with a clear action plan;

**AMD,
CE**

(C) feedback from the review of Consultant SPAs be presented to the Workforce and Organisational Development Committee in December 2012, and

**AMD,
CE**

(D) a report on potential shortfall in clinical education and training resources be considered by the September 2012 Trust Board.

**AMD,
CE**

28/12/2 Update on Development for Doctors

Further to Minute 19/12 of 25 June 2012, Dr S Agrawal, Assistant Medical Director attended the meeting to present a progress update on the Medical Engagement work strand and future actions required to continue improvement (paper D refers). Appendix 1 to paper D provided a draft Organisational Development Action Plan for Medical Engagement as at 20 August 2012. During the presentation, the Assistant Medical Director particularly drew members’ attention to the intention to seek Executive Team support for the additional project management and administrative resources required to deliver transformational change in medical engagement at UHL.

AMD

In discussion on this item, Mr R Kilner, Non-Executive Director queried opportunities to seek additional project management support and administrative support through the Trust’s existing Transformation Support Office (TSO). In addition, Mr D Tracy, Non-Executive Director commented that it might be beneficial to stagger some of the timescales within the action plan as the majority of them were due to be delivered by March 2013. The Assistant Medical Director confirmed that a process was in place for these timescales to be adjusted as appropriate.

The Committee Chair thanked the Assistant Medical Director for his update report and wished him well for his forthcoming presentation to the Executive Team. It was agreed that the Director of Human Resources would provide a verbal report on the outcome of the Executive Team’s consideration to the next meeting of the Workforce and Organisational Development Committee.

DHR

Resolved – that (A) the update on medical engagement be noted, and

(B) the Director of Human Resources be requested to provide an update on the Executive Team’s consideration of plans to improve Medical Engagement to the Trust Board as appropriate.

DHR

29/12 **STAFF ENGAGEMENT STRATEGY**

29/12/1 Engaging Leadership Excellence

The Assistant Director of Learning and Organisational Development provided a verbal report on the arrangements for UHL to work with a team from the East Midlands

Leadership Academy and highlighted some of the events and training sessions that were being planned (including an event on 9 November 2012 and attendance at a master class in June/July 2013). A series of speed learning sessions had been launched that month commencing with the “tough conversations” session for which there was already a waiting list to attend. A range of initiatives used to improve leadership engagement would be shared at a forthcoming Leadership Conference on 12 December 2012 and an evaluation of this event would be provided to the next Workforce and Organisational Development Committee meeting.

ADLOD

Mr R Kilner, Non-Executive Director queried the arrangements for sharing the talent profiles (9 box models) of UHL’s top 170 leaders. In response, the Director of Human Resources advised that the Executive Team had already reviewed UHL’s talent profiles (with a particular focus on the top three boxes) and the aggregated results had been considered by the Remuneration Committee. Divisional Directors had been requested to plan a trajectory for supporting individual leaders where appropriate and the outputs were due to be considered by the Executive Team and the Remuneration Committee, subject to the timescale for individuals’ scheduled appraisals. It was agreed that any wider talent management profiles (outside the top 170 leaders) would be shared with the Workforce and Organisational Development Committee at a future meeting

ADLOD

Members discussed the positive impact of the Leadership Academy, noted that some 89 UHL delegates had now attended and that an event to celebrate its success would be held on 21 September 2012. The Director of Human Resources advised that feedback from individuals who had attended the Leadership Academy would be shared at the 12 December 2012 Leadership Conference and this feedback would be circulated to members outside the meeting. The Associate Medical Director, Clinical Education suggested that it would be interesting to find out how delegates used their new skills after completing the training and whether they had been inspired to join any new Committees or working groups.

ADLOD

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

(B) the Director of Human Resources be requested to share the distribution of the top 170 talent profiles with the Executive Team and the Remuneration Committee;

DHR

(C) verbal feedback from the 12 December 2012 Leadership Conference be provided to the Workforce and Organisational Development Committee on 14 December 2012:

DHR

(D) distribution of wider UHL talent profiles be shared with the Workforce and Organisational Development Committee at a future meeting, and

ADLOD

(E) feedback from individuals who had attended the Leadership Academy be circulated outside the meeting.

ADLOD

29/12/2 Draft Manager Standards

The Assistant Director of Learning and Organisational Development presented paper E which provided an update on progress with the development of the UHL Manager Standards. In discussion on this item:-

- (a) Mr D Tracy, Non-Executive Director, particularly noted the importance of communications and information sharing and queried the scope to set more explicit, targets within the draft Manager Standards, eg setting a minimum frequency for managers’ regular meetings with their staff;
- (b) Mr R Kilner, Non-Executive Director commended the work completed to date in developing the draft standards and suggested that outputs and improvements might be measured through increased use of the 360° feedback tool within the Trust;
- (c) Mr P Panchal, Non-Executive Director, queried the definition of the term “managers”

ADLOD

ADLOD

and whether this might also apply to managers of a particular function or facility (rather than a direct manager of staff). In response the Committee Chair suggested that the initial focus would be upon staff line managers, but in time the standards might be used more broadly;

- (d) in response to a further query from Mr Panchal, it was confirmed that the manager standards also covered medical staff. The Committee Chair requested that additional contextual information be included to the standards to confirm that they applied to all managers; **ADLOD**
- (e) members agreed that a set of behaviours for all staff and a sub-set of relevant behaviours for managers would be required to embed the Trust's values, and **ADLOD**
- (f) Mr A Locke, Patient Adviser suggested that the first section (we treat people how we would like to be treated) should contain a reference to patient experience. **ADLOD**

The Committee Chair requested that the draft Manager Standards be updated to reflect the discussion above and re-presented to the Workforce and Organisational Development Committee on 14 December 2012. **ADLOD**

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

(B) the Assistant Director of Learning and Organisational Development be requested to update the Manager Standards to reflect the comments in items (a) to (f) above and present an updated version to the next Workforce and Organisational Development Committee meeting. **ADLOD**

30/12 WORKFORCE AND STAFF ENGAGEMENT DIVISIONAL PRESENTATIONS

30/12/1 Presentation from the Planned Care Division

The Divisional Manager and the Divisional HR Business Partner attended the meeting to give a presentation on issues concerning workforce and staff engagement within their Division (paper F refers). They particularly highlighted the following points during their presentation:-

- (a) actions being progressed to address peaks in the Division's sickness absence rates – these were noted to include hotspot meetings, making it happen reviews, a review of disproportionate sickness absence amongst administrative and clerical staff groups and CBU level confirm and challenge processes;
- (b) clarity that the workforce productivity slide represented a significant improvement in the number of patients seen by WTE, and
- (c) Consultant job planning reviews which had been completed within two of the CBUs. Confirmation was provided that the Divisional Director was supporting this process within Specialised Surgery.

In discussion on this item, members:-

- i) considered the challenges associated with transformation and the requirements for dedicated ad-hoc project manager resources to increase the pace for schemes (such as a single site surgical take) and the longer term aims to up-skill the Division's own staff to provide in-house project management support;
- ii) noted that IM&T was considered a key enabler and a degree of frustration was expressed at the pace of the managed IM&T business partner process;
- iii) commented on the huge increases in activity delivered by a relatively stable workforce base;
- iv) noted that the Division was exploring opportunities for implements on-line systems to support the pre-assessment process;
- v) noted that issues such as PLICS, discrepancies in the contracted activity and CIP schemes would be reviewed by the Finance and Performance Committee during the Division's next presentation to that Committee;

- vi) agreed that additional support would be helpful to review and address areas of poor sickness and appraisal performance within the Musculo-Skeletal CBU, particularly in view of the forthcoming change in CBU leadership;
- vii) discussed opportunities to increase staff engagement and improve local polling result, by developing a planned approach to Divisional walkabouts, staff recognition, newsletters and feedback processes, acknowledging some site-based differences in this approach;
- viii) discussed the additional focus required to improve local level engagement in the outsourcing of transcription services, and
- ix) highlighted opportunities to strengthen the ratio between sickness absence trigger points reached and the formal warnings process (particularly for band 8 staff and above).

In conclusion, the Chair thanked members of the Planned Care Divisional team for their presentation, recognising the progress they had made to-date, further updates on which she noted would be provided through the relevant HR Leads. The Division would be invited to provide an updated presentation to the Workforce and Organisational Development Committee in six months' time.

TA

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

(B) arrangements to provide additional support to improve sickness and appraisals performance in the Musculo-Skeletal be progressed outside the meeting, and

DD/DM
/DHON

(C) the Planned Care Division be invited to attend the Workforce and Organisational Development Committee in March 2013 to provide an updated presentation.

TA

30/12/2 Presentation from the Acute Care Division

The Divisional Manager, Divisional HR Lead, and the Divisional Head of Nursing from the Acute Care Division attended to give a presentation on issues concerning workforce and staff engagement within their Division (paper G refers). They particularly highlighted the following points during their presentation:-

- (a) some slippage in respect of workforce-related CIP schemes caused by extra capacity beds being still open, but good progress with identifying 2013-14 CIP schemes and areas for transformation of services;
- (b) good progress in respect of discharge flows and improving patient experience (eg discharges before 11am);
- (c) Smart sickness absence reporting was in place within three of the CBUs and the ED system was planned to be rolled out soon;
- (d) positive impact of good staff engagement through open staff forums and newsletters within ED and the Medicine CBU, and
- (e) outline plans to restructure the Division and identify a lead for staff engagement which had been approved in principal by the Executive Team, pending other proposed changes to Divisional roles and accountabilities;
- (f) an aspiration to reduce nursing agency usage to zero. The Divisional Head of Nursing was requested to identify a target date for this.

DHON,
AC

During the discussion on this item:-

- (i) the Associate Medical Director, Clinical Education sought and received a progress update on the challenges highlighted by recent Deanery visits relating to medical trainees and the process to second an appropriate clinical lead;
- (ii) Mr R Kilner, Non-Executive Director noted a pleasing reduction in sickness absence and queried the scope to increase support for the appraisals process;
- (iii) Mr Kilner also queried whether there was any scope to pay an additional premium to

- bank nurses in order to reduce the reliance upon agency nurses. The Director of Nursing advised that the Trust was currently assessing the value of such an initiative and she agreed to provide a verbal update on this to the next meeting;
- (iv) the Divisional Manager provided an update on Consultant job planning reviews and links to productivity, demand and capacity. The Director of Human Resources confirmed the details of a Trust-wide review of educational PAs and agreed to provide a further update report on this review to the next meeting, and
 - (v) examples of good practice highlighted through the Caring at its Best Awards and letters from line managers.

DON

DM,
AC

In conclusion, the Chair thanked members of the Acute Care Divisional team for attending to present at today's meeting, recognising the progress they had made to-date, further updates on which she noted would be provided through the relevant HR Leads. The Division would be invited to provide an updated presentation to the Workforce and Organisational Development Committee in six months' time.

TA

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

(B) the Director of Nursing be requested to provide an update on opportunities to reduce the Trust's reliance upon agency nurses to the next meeting;

DON

(C) the Divisional Head of Nursing, Acute Care be requested to provide a target date for the aspiration to reduce the Division's agency nurse usage to zero;

DHON,
AC

(D) the Divisional Manager, Acute Care be requested to report on the job planning process to the next meeting, and

DM,
AC

(E) the Acute Care Division be invited to attend the Workforce and Organisational Development Committee in March 2013 to provide an updated presentation.

TA

30/12/3 Divisional Presentations – General Observations

Further to the departure of the Divisional teams, Mr P Panchal, Non-Executive Director noted some inconsistencies in the approach between the two Divisions. He queried whether there might be any negative effects or conflicting interests between the Divisions and queried the scope to improve sharing of good practice. Mr D Tracy, Non-Executive Director commented that it would be good to see greater degrees of Divisional autonomy where this was considered appropriate.

Mr R Kilner, Non-Executive Director noted the need for broader presentations to the Workforce and Organisational Development Committee in future and opportunities to provide greater evidence of consistency relating to staff engagement processes. The Director of Human Resources suggested that a more consistent approach to staff engagement would be supported through the publication of the "Lets Keep Talking" newsletter. In response to a query from Mr R Kilner, Non-Executive Director, the Director of Human Resources also agreed to present the latest local staff polling results to the October 2012 Trust Board meeting.

DHR

Resolved – that (A) the Divisional teams be requested to provide broader presentations to future meetings, including evidence of consistency in respect of the approach to improving staff engagement, and

DHR

(B) the Director of Human Resources be requested to report the latest local staff polling results to the October 2012 Trust Board meeting.

DHR

31/12 ESR/PAYROLL UPDATE

Mr P Rogers, Senior Project Manager attended the meeting to provide a briefing on salary sacrifice schemes for car parking, staff accommodation, child care vouchers and a planned scheme for environmentally friendly cars. He also updated members on the position regarding on-line induction for junior doctors, e-CRB checks (the turnaround of which was between 24 and 36 hours), total reward statements, occupational health systems and the mechanism for bank staff bookings and associated payments. The Director of Human Resources undertook to circulate an example of a total reward statement to members for information (outside the meeting).

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

(B) the Director of Human Resources be requested to circulate an example of a total reward statement to Workforce and Organisational Development Committee members for information.

DHR

32/12 BECOMING AN EMPLOYER OF CHOICE – UPDATE

Ms L Gallagher, HR Shared Services Manager attended the meeting to present paper H, an update on progress and subsequent actions taken in relation to the work streams identified to support UHL becoming an employer of choice. Mr J Clarke, Acting Director of IM&T and Mr A Ling, Registrar also attended the meeting for this item.

Mr Ling provided the Committee with his personal feedback following completion of the August 2012 induction session. He particularly noted the welcome focus on the one stop shop but suggested that the scheme might have been too ambitious, as he had experienced some difficulties accessing the Kensington building for his first night shift, due to the necessary permissions not being assigned to his ID badge. He also noted that some Consultants had been surprised that trainees would be attending induction sessions and would not be available for their rostered shifts. The process for issuing RA Smart Cards had been greatly improved by issuing these over a two week period in June 2012. The Acting Director of IM&T noted that the Trust's ability to capture induction information beforehand had been key, but a self-help portal was being developed to support the process. Comments regarding the speed of the national database were noted to be beyond the Trust's control and it was agreed that late recruitment to posts would always be more problematic.

The Director of Human Resources summarised the learning points for future induction sessions to make the induction experience as good as possible for all new starters, with a clear focus on ID badges, Smart Cards and car parking permits. She particularly thanked Mr Ling for attending the meeting to support this important work. The Associate Medical Director, Clinical Education noted the need to strengthen the Departmental induction process. It was agreed that a further update would be provided to the Workforce and Organisational Development Committee following the December 2012 induction.

HRSSM

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

(B) a further update be provided to the Workforce and Organisational Development Committee following the December 2012 induction.

HRSSM

33/12 ITEMS FOR INFORMATION

33/12/1 Sickness Absence

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

33/12/2 UHL National Staff Attitude and Opinion Survey 2012

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

33/12/3 Good Practice Examples

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

34/12 **ANY OTHER BUSINESS**

34/12/1 Caring at its Best Awards

The Director of Human Resources highlighted the Caring at its Best Awards ceremony held on 12 September 2012 at the Athena Centre in Leicester and encouraged members to view the short film available through the desktop message available on Trust computers. Mr P Panchal, Non-Executive Director suggested that a similar award for Medical Staff might be welcomed. The Director of Human Resources also highlighted other the 25 Year Club Awards and the Training Wards and encouraged members to support such events whenever possible.

Resolved – that the verbal information be noted.

35/12 **IDENTIFICATION OF KEY ISSUES THAT THE COMMITTEE WISHES TO DRAW TO THE ATTENTION OF THE TRUST BOARD**

Resolved – that the following key issues be brought to the attention of the Trust Board at its next meeting on 27 September 2012 by the Chair of the Workforce and Organisational Development Committee:-

Chair,
WODC

- the development of management standards;
- bi-annual presentations received from the Planned Care and Acute Care Divisions, and
- feedback from the trainee doctor regarding his experiences of joining the Trust.

36/12 **DATE OF NEXT MEETING**

Resolved – that the next meeting of the Workforce and Organisational Development Committee be held on Monday 14 December 2012 at 9.30am in the Ash Room, Knighton Street Offices, Leicester Royal Infirmary.

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

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

The meeting closed at 12.16pm

Kate Rayns,
Trust Administrator