

Trust Board paper L

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 26 April 2012

COMMITTEE: Workforce and Organisational Development Committee

CHAIRMAN: Ms J Wilson, Non-Executive Director

DATE OF COMMITTEE MEETING: 26 March 2012

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

None.

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

The Chair of the Workforce and Organisational Development Committee highlighted the following items verbally to members at the Trust Board meeting held on 5 April 2012 (full details relating to which are now contained within the attached Minutes):

- **Workforce and Staff Engagement Presentations received from Acute Services / Planned Services (specifically regarding Consultant Job Planning);**
- **Becoming an Employer of Choice (specifically follow-up work in relation to Junior Doctor feedback), and**
- **Update on the National Staff Attitude and Opinion Survey 2011**

DATE OF NEXT COMMITTEE MEETING: 25 June 2012

**Ms J Wilson – Non-Executive Director and WODC Chair
18 April 2012**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE MEETING OF THE WORKFORCE AND ORGANISATIONAL DEVELOPMENT COMMITTEE HELD ON MONDAY 26 MARCH 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)
Mr M Lowe-Lauri – Chief Executive
Mr D Morgan – UHL Staff Side Chair (non-voting member)
Mr P Panchal – Non-Executive Director
Mrs C Ribbins – Director of Nursing
Mr D Tracy – Non-Executive Director

In attendance:

Ms J Ball – Divisional Lead Nurse, Planned Care (for Minute 05/12/2)
Ms D Baker – Service Equality Manager (for Minute 03/12/2)
Mrs G Belton – Trust Administrator
Ms C Blakemore – Divisional HR Lead, Acute Care and Workforce Equality Lead (for Minute 05/12/1)
Mr J Clarke – Chief Information Officer (for Minute 09/12)
Ms S Collington – Service Manager and Lead Senior Nurse, Occupational Health (for Minute 04/12/1 and 04/12/2)
Dr A de Bono – Head of Service, Occupational Health (for Minute 04/12/1)
Mr K Downs – Divisional Finance and Performance Manager, Acute Care (for Minute 05/12/1)
Mrs M Harris – Divisional Manager, Acute Care (for Minute 05/12/1)
Ms L Gallagher – HR Shared Services Manager (for Minute 09/12)
Mr N Kee – Divisional Manager, Planned Care Division (for Minute 05/12/2)
Ms B Kotecha – Assistant Director of Training and Organisational Development
Mrs L Lane – Lead Nurse, ED (deputising for Ms S Mason, Divisional Head of Nursing, Acute Care) – for Minute 05/12/1
Ms J Scarfe – Divisional Finance and Performance Lead, Planned Care (for Minute 05/12/2)
Ms E Stevens – Deputy Director of Human Resources
Ms J Tyler-Fantom – Divisional HR Lead, Planned Care (for Minute 05/12/2)

RESOLVED ITEMS

ACTION

01/12 APOLOGIES

Apologies for absence were received from Dr K Harris, Medical Director and Mr M Wightman, Director of Communications and External Relations.

02/12 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 December 2011 (papers A and A1 refer) be confirmed as a correct record.

03/12 MATTERS ARISING FROM THE MINUTES

03/12/1 Matters Arising Report

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

(i) Minute 36/11/4 (regarding the initiation of a corporate calendar of meetings including details of Divisional presentations at the various meetings) – it was agreed that the Chief Operating Officer / Chief Nurse would refer this action onto the Director of Corporate and Legal Affairs to be taken forward through the Trust Board (and removed from the agenda of the Workforce and Development Committee henceforth);

COO/CN

(ii) Minute 38/11/1 (regarding the request made previously that future iterations of the Trust's sickness absence management report included the quantum of staff off sick) – the Deputy Director of Human Resources confirmed that she would circulate copies of the latest report (featuring the contracted WTE figure on the absence data grid) to members outside the meeting;

DDHR

(iii) Minute 39/11/2 (relating to the provision of a further update on staff engagement at the March 2012 meeting of the Workforce and Organisational Committee and the clarification of the accountability arrangements for the appraisal of senior members of staff) – the Director of Human Resources was requested to liaise directly with Divisional Directors regarding this issue and to circulate an update to members in advance of the next formal meeting of the Workforce and Organisational Development Committee, and

DHR

(iv) Minute 28/11/3 (regarding the need for consideration to be given to the most appropriate means to present appraisal data to Divisions to make it a useful tool) – it was noted that the Director of Human Resources would be providing a full update at the next (June 2012) meeting of the Workforce and Organisational Development Committee on this issue.

DHR

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

(B) the Chief Operating Officer / Chief Nurse be requested to undertake the action outlined under point (i) above,

COO/CN

(C) the Deputy Director of Human Resources be requested to undertake the action outlined under point (ii) above, and

DDHR

(D) the Director of Human Resources be requested to undertake the actions outlined under points (iii) and (iv) above.

DHR

03/12/2 Equalities Workforce Agenda

Ms D Baker, Service Equality Manager, attended to present paper 'D', which detailed the four equality objectives due to be published in April 2012 to progress the aims of the general equality duty. The programme detailed within the report addressed service and workforce equality, however it was highlighted that future reports to the Workforce and Organisational Development Committee would provide an update on workforce only, which was covered by objectives three and four.

Members were requested to agree the work programme presented, and to note that progress against the workforce elements of the programme would be reported on a six

monthly basis. The Annual review would signal any required changes.

In discussion on this item, members:

(i) noted that the areas currently graded as 'red' utilising the rag rating system represented new areas of work, and that work had already commenced for the majority of the work programme;

(ii) queried whether the Trust held a breakdown of the grades of staff who received Equality and Diversity training – it was noted that this data could not be extracted retrospectively but could potentially be compiled in future. Whilst there had been an increase in the number of staff attending this training in UHL, the total numbers trained were below the numbers for acute trusts nationally, and the Trust was working hard to improve the position for next year. However, the limitations of the data collected through the staff surveys were also noted in the sense that the question posed was whether staff had received such training 'within the last year' when the requirement was that this training was provided on a three yearly cycle;

(iii) noted that the majority of the population of the City of Leicester (as served by the Trust) were of BME origin, and that it was important that staff understood this, and the related issues, in terms of the services they provided to their patients – the Director of Human Resources advised members of specific training sessions which had been run by the Service Equality Manager and Workforce Equality Lead around these kind of issues, and noted that this on-going dialogue would continue. Members noted the suggestion that if the Trust reflected the plans of the populations' needs as determined by the CCGs, this could potentially assist further in addressing such issues;

(iv) queried the accuracy of the (currently red rated) first objective outlined under outcome 1 (i.e. the Trust is able to demonstrate how it provides services based upon the needs of local communities) – the Service Equality Manager confirmed the need to identify the relevant evidence in order to improve the rag rating. She noted that some of the rag ratings would change quickly once the evidence base had been built, and Committee members recognised the need for appropriate validation;

(v) queried (with regard to the outcome concerning inclusive leadership at all levels) what actions the Trust was undertaking to learn from other organisations – it was noted that most organisations currently reviewed were at a similar level to UHL. Data gathered concerning BME recruitment within UHL had indicated an upward trend, which was a positive step. The main issue for progression concerned BME representation at senior levels of the organisations, and there was a range of learning that it was intended to follow up in this respect, particularly from the London NHS Trusts, which would then be built into the Trust's plans.

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

(B) the Service Equality Manager be requested to provide a further update on progress to the Committee in six months' time (17 September 2012 meeting).

SEM

04/12 HEALTH AND WELL BEING AGENDA

04/12/1 Presentation by the Head of Service, Occupational Health

Dr de Bono, Head of Service, Occupational Health and Ms Collington, Service Manager and Lead Nurse, Occupational Health attended to give a presentation on the work of the Occupational Health Service (paper B refers). Paper B1 detailed the Occupational Health Service Report 2009-11 by way of further background for Committee members.

Following receipt of the presentation, members:

- () noted the desire expressed by the Head of Service, Occupational Health, for UHL to become a health and work promoting Trust (for both staff and patients);
- () queried any variations observed by occupational health in staff sickness rates, and any potential influencing factors (including pay) – in response, the Head of Service for Occupational Health reported that UHL had the best sickness absence rates of the NHS organisations with which the Occupational Health Service currently dealt. The only factor she had observed to make a difference in sickness absence rates was how quickly managers responded to an issue concerning sickness absence. She also noted that private companies usually had a two stage approach to sickness absence (prior to terminating an individual's employment) whereas the NHS process comprised several stages (in terms of warnings etc);
- () noted the high incidence of DNAs (Did Not Attends) in terms of staff not attending occupational health appointments and any action that could be taken in this respect. (e.g. use of reminders via mobile telephones etc). It was noted that there were three main reasons for DNAs (staff not receiving their postal appointments, managers not being able to release staff from the wards to attend appointments and staff who refused to attend). The Staff Side Chairman made particular note of the fact that staff should be referred to attend appointments with occupational health in work time, and not on days off;
- () queried what the 'high' risks were that could potentially be posed by sharp incidents – it was confirmed that such 'high' risks would relate mainly to Hepatitis C (and rarely Hepatitis B and HIV) and note was made of the post exposure treatment regimes utilised;
- () queried whether the increasing incidence of TB in the Leicester population generally was reflected in the cases observed by occupational health – it was noted that such cases of TB were largely associated with first generation immigrants. BCG immunisation was not totally protective and Trust staff were educated in this respect;
- () were pleased to note (given the current pressures on services) that there had not been an increase observed in the number of staff being referred to occupational health with stress-related illness;
- () queried any opportunities for the occupational health service to be pro-active and provide education to staff, in response to which it was noted that the Occupational Health service had undertaken joint working with colleagues from AMICA to provide emotional resilience training to staff, and that the course had evaluated well. Staff members identified by Occupational Health as 'vulnerable' were signposted to AMICA. The Director of Nursing, reporting from a clinical perspective, noted that the occupational health service played a pivotal role, being both reactive and proactive, and she expressed her thanks to the team in this respect;
- () queried whether the service considered that there was an appropriate level of focus / support to the service from the Trust – it was confirmed that there was, although note was made of the significant benefit that could be realised through the purchase of a cohort occupational health software system. The Director of Human Resources advised members of the work currently on-going to secure the provision of such, and
- () made note of the high DNA rates relating to students at the two Leicester Universities not attending appointments at the Occupational Health Service and queried whether the service was receiving sufficient financial support in this respect – it was noted that this issue had been raised with the Medical School, which was currently reviewing its systems. It was agreed that the Chief Executive would further discuss this issue with relevant Deanery and University Representatives.

CE

In conclusion, the Chairman thanked Dr de Bono and Ms Collington for the work they and

their team were undertaking in providing a first class occupational health service, and requested that the Director of Human Resources provided an update on the following issues at the next meeting of the Committee on 25 June 2012:

- (0) progress with the potential implementation of the Occupational Health software system, and
- (0) the work being undertaken regarding DNA rates at the occupational health clinics (with particular focus on DNAs relating to UHL staff).

DHR

Resolved – that (A) the contents of papers B and B1, and the additional verbal information provided, be received and noted,

(B) the Chief Executive be requested to discuss with relevant Deanery and University Representatives the issue of medical student Did Not Attend (DNA) rates at the UHL Occupational Health clinics, and

CE

(C) the Director of Human Resources be requested to provide an update in respect of points (1) and (2) referenced above at the next meeting of the Committee to be held on 25 June 2012.

DHR

04/12/2 Management of Sickness Absence

The Deputy Director of Human Resources reported verbally to advise that Management and Staff Side had now agreed the principles of a revised Sickness Absence Policy. The revised policy had been submitted to Staff Side for final ratification with a proposal to accept the changes. A number of changes had been made to the policy, including:

- removal of a verbal warning (with a written warning issued as the first stage of the process – where this was applicable);
- changes to the ‘trigger’ levels, i.e. either three episodes of sickness or over 10 days sickness within a twelve month period would trigger a referral to occupational health;
- recognition of five long-term conditions, and
- enhanced reference to the Equality Act.

Subject to the outcome of Staff Side’s further consideration (the following day was the deadline for submitting further feedback) it was anticipated that the revised Policy could potentially be submitted to the April 2012 meeting of the Policy and Guideline Committee for approval.

In further discussion on this issue, members:

- (i) noted the comments made by the Staff Side Chairman regarding the fact that ACAS no longer had verbal warnings as part of their Policy on Sickness Absence, and the Trust’s revised policy would now mirror this;
- (ii) queried what difference it was expected the revised Policy would make – it was expected that changes to the trigger points would deter those staff members whose sickness was not genuine from entering into a fourth period of sickness;
- (iii) noted the expectations of Staff Side to see more consistency from managers in the management of sickness absence – it was confirmed that audits would be undertaken in this respect;
- (iv) sought clarity on the number of days that an individual could self certify before requiring a doctor’s note – it was confirmed that this was seven days, and
- (v) requested that a formal report was presented to the Committee six months post

implementation of the revised policy regarding the impact of the planned changes.

DDHR

The Chair thanked the Deputy Director of Human Resources for the extensive work she had undertaken with regard to revision of this policy and thanked the Staff Side Chairman also for his involvement in this work.

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

(B) the Deputy Director of Human Resources be requested to provide a formal report to the Workforce and Organisational Development Committee six months post implementation of the revised Management of Sickness Absence Policy regarding the impact of the planned changes.

DDHR

05/12 WORKFORCE AND STAFF ENGAGEMENT DIVISIONAL PRESENTATIONS

05/12/1 Presentation from the Acute Services Division

The Divisional Manager, Divisional HR Lead, Divisional Finance and Performance Manager and the Lead Nurse (ED) from the Acute Services Division attended to give a presentation on issues concerning workforce and staff engagement within their Division (tabled paper E refers).

They particularly highlighted the following points during their presentation:

- (a) the fact that staff sickness absence had now been halved in the Emergency Department, since March 2010 (although note was made that sickness absence figures for the Division's CBUs had increased over the winter months);
- (b) their intention to review the data presented relating to (sickness absence) warnings issued by band as the data for staff at Band 2 did not look proportionate to the total number of staff in post. This was also the case for the category of 'additional clinical services' staff when reviewing (sickness absence) warnings by staff group;
- (c) the six priority areas for sickness and appraisal within the Division's CBUs, the expectations relating to which had been made clear to staff;
- (d) the HR Quarterly Management Newsletter which was being rolled out to enhance staff engagement;
- (e) the significant improvements made with regard to the staff appraisal rate over the last six months (particularly in the ED and Medicine CBUs);
- (f) the staff nominated for the UHL Caring at its Best awards and;
- (g) elements of their key workforce plans for 2012/13.

In discussion on this item, members:

- (i) noted that it would be beneficial to receive the information detailed within the (tabled) presentation in advance of the meeting in future to allow appropriate time for prior review – it was noted that these were the first such Divisional presentations provided to the Committee, and it was agreed that the Deputy Director of Human Resources would ensure that the contents of future Divisional presentations to the Committee were circulated to members in advance of the meeting;
- (ii) (in response to a query raised relating to any observable difference in those areas which had nominated staff) requested that the Assistant Director of Training and Development formally reviewed the impact of attendance at the staff training sessions referenced on slide 5 of the presentation;
- (iii) noted the Director of Human Resources' comments regarding the increased link being

DDHR/
Divisions

ADTD

observed between investment and development, and her view that it would be beneficial to track those individuals going through the East Midlands Leadership Academy 'Supporting People in Transition' programme for senior managers;

(iv) requested that the Director of Human Resources urgently pursued the provision of training for relevant Divisional staff regarding management of change, job planning etc, and provided a defined framework regarding APAs;

DHR

(v) thanked the Division for the work they were undertaking with regard to transcription services, and requested that they planned their communications well with regard to this;

(vi) in response to confirmation provided by the Divisional Management Team that they did not hold copies of every job plan for every consultant centrally, the Chief Executive was requested to urgently pursue the need for each Divisional Management Team to retain copies of all job plans for all Consultants employed within their Division with the Medical Director and the Divisional Director, Women's and Children's Services (in addition to the further action detailed under point (ii) of Minute 05/12/2 below);

CE

(vii) sought further assurance with regard to action being taken in relation to staff engagement, particularly face to face communication – it was confirmed that the Division's Staff Engagement Strategy included open sessions, walkabouts as well as newsletters etc in order to try and bridge any potential gaps in communication streams;

(viii) noted the information provided by the Assistant Director of Training and Development with regard to the work being undertaken to potentially bring together a new senior team to cascade across divisional areas;

(ix) acknowledged the significant achievements made by the Division in terms of staff appraisal;

(x) queried the Division's view of the quality of the staff appraisals undertaken – in relation to which point the Assistant Director of Training and Development was requested to feed back to Divisions the results of the review being undertaken with regard to the four benchmarking indicators of appraisal quality;

ADTD

(xi) queried the number of appraisals each manager should ideally be undertaking – this was confirmed as no more than ten, and

(xii) sought clarity on issues concerning the inclusion of locums within bank agency figures (locums were included) and any potential confusion between the role of the Assistant Practitioner and Physician Assistant, in response to which an explanation of each role (one of which was a nursing role and the other a medical role) was provided. The Patient Adviser suggested that further clarity was required as this distinction would not be clear to those outside the immediate area in which such roles were operating.

In conclusion, the Chair thanked members of the Acute Services 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.

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

(B) the Deputy Director of Human Resources be requested to undertake the action outlined under point (i) above,

DDHR

(C) the Assistant Director of Training and Development be requested to undertake the action outlined under points (ii) and (x) above,

ADTD

(D) the Director of Human Resources be requested to undertake urgently the action outlined under point (iv) above, and

DHR

(E) the Chief Executive be requested to undertake urgently the action outlined under

CE

point (vi) above (in addition to the action also detailed under resolution B, Minute 05/12/2 below refers).

05/12/2 Presentation from the Planned Care Division

The Divisional Manager, Divisional Lead Nurse, Divisional HR Lead and Divisional Finance and Performance Manager from the Planned Care Division attended to give a presentation on issues concerning workforce and staff engagement within their Division (tabled paper F refers).

They particularly highlighted the following points during their presentation:

- () that the sickness absence figure for their Division detailed as 4.24% within the report, had now reduced to 4.11% following month end reconciliation;
- () the fact that sickness absence within the Division was levelling out now following a peak during Winter 2011/12;
- () that those bands identified as having the highest level of sickness absence warnings (Bands 2 and 5) also had the largest number of staff within the Division;
- () the Divisional Well Being Group meetings held quarterly, the membership of which included a Union Representative ;
- () the significant work they had undertaken in respect of staff appraisal, which had resulted in the Division achieving the highest appraisal rate within the Trust (99% overall in the Division);
- () the staff nominated for the UHL Caring at its Best awards, and
- () their workforce development plans which included some funded growth for work not previously undertaken within the Trust. Also noted was the need to identify further CIP, in respect of which the Division was working with the Transformation Office.

In discussion on this item, members:

- (i) noted the need for the Division to hold centrally copies of all job plans for all Consultants working within the Division which the Chief Executive would be progressing urgently with the Medical Director (resolution E of Minute 05/12/1 above also refers); CE
- (ii) in relation to a need expressed by the Division in response to what further support would be helpful in terms of consultant job planning, requested that the Chief Executive pursued with the Medical Director the issue of the Trust endorsing (and subsequently communicating) key principles regarding consultant job planning to all Divisional teams to ensure that a consistent message was conveyed; CE
- (iii) queried the Division's response to the outcome of the staff polling which indicated that staff did not consider that they received feedback – the Divisional Manager noted that this was disappointing given the staff forums held within the Division at which there was a disappointing level of attendance from staff. Divisional Management intended to increase their formal walkabouts and had started attending ward rounds and undertaking regular reviews of the issue with the CBU teams. She also noted the practice employed within the Division of sending out Thank You cards to staff for particular achievements. In response to a query raised, the Division considered that Nursing Managers and Service Managers within the Division had a high profile to staff, however acknowledged that CBU Managers had not set aside as much time as they would like for this purpose. It was further noted that staff engagement was the first item for consideration at each Divisional Management meeting;
- (iv) in response to a query, noted that some cross divisional sharing of learning took place, but that this could be further enhanced;
- (v) acknowledged the remarks made by the Director of Human Resources with regard to the work that the Division had undertaken on sickness absence, and the thanks she expressed

to the Divisional Manager and Divisional HR Lead for developing and investing in the right places, thereby adding value. The Assistant Director of Training and Development further highlighted that the Division were proactive in their approach and aligned with transformation activity.

In conclusion, the Chair thanked members of the Acute Services 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.

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

(B) the Chief Executive be requested to undertake the action outlined under point (ii) above (in addition to the action identified under resolution E of Minute 5/12/1 above refers).

CE

05/12/3 Reflections on Divisional Presentations

In view of the fact that this had been the first time that Divisions had been invited along to present to the Committee on issues of workforce and staff engagement, members agreed that it would be beneficial to reflect on any relevant issues for future reference. In light of feedback provided by members, the Director and Deputy Director of Human Resources were requested to provide some contextual information in advance of future Divisional presentations to the Committee (for comparative purposes) and to give consideration as to an appropriate number of Divisional representatives to attend the Committee for such presentations (being aware of the other commitments required of those attending).

DHR/
DDHR

Further comments included the benefit of seeing the linkage and exchange between the Divisions, along with recognition of the need to create consistency of approach and delivery between Divisions (and the holding of Divisions to account).

Resolved – that (A) this verbal information be noted, and

(B) the Director and Deputy Director of Human Resources be requested to provide some contextual information in advance of future Divisional presentations to the Committee (for comparative purposes) and to give consideration as to an appropriate number of Divisional representatives to attend the Committee for such presentations.

DHR/
DDHR

06/12 **WORKFORCE DEVELOPMENT PLAN FOR 2012/13**

The Director of Human Resources reported verbally to advise of CIP identified in relation to a specified number of whole time equivalent (wte) posts, for which there was a clear plan in terms of which posts these were and regarding the need not to recruit into vacancies.

She further noted that the Trust was now in receipt of the second iteration from Deloitte of the output from the workforce stream, and that a meeting had been held during the previous week to discuss this. An extended Executive Team meeting had been arranged to take place on 27 April 2012 to review this in detail, and it was recognised that a clear performance framework would be required. A report on Consultant Job Planning was to be submitted to the Trust's Finance and Performance Committee by the Medical Director, and the need for this report to be explicit was highlighted.

Resolved – that this verbal information be noted.

07/12 STAFF ENGAGEMENT STRATEGY

07/12/1 Recognising and Rewarding Excellence: Caring at its Best Staff Awards – An Update on Progress

The Assistant Director of Training and Development presented paper 'G', which reported progress in the implementation of the 'Caring at Its Best' Awards. In response to a request made by Mr Panchal, Non-Executive Director, the Assistant Director of Training and Development undertook to brief him of the outcome of the review undertaken of the Caring at its Best Awards Scheme against the nine protected characteristics (in terms of its equality impact).

ADTD

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

(B) the Assistant Director of Training and Development be requested to brief Mr Panchal, Non-Executive Director, of the outcome of the review undertaken of the Caring at its Best Awards Scheme against the nine protected characteristics (in terms of its equality impact).

ADTD

07/12/2 Staff Engagement Update Report: An Update on the National Staff Attitude and Opinion Survey

The Director of Human Resources presented paper 'H', which advised the Committee of the national staff survey results undertaken between October and December 2011, compared these to the responses for 2010 and other Acute Trusts nationally, assessed the impact of interventions made based upon the 2010 survey results, specifically the Eight Point Experience Action Plan and detailed the actions now to be undertaken as a result of the feedback given. The Trust's Staff Engagement Group would progress action planning and integrate these into the UHL Organisational Development Plan. It was noted that a further report containing a detailed action plan would be submitted to the June 2012 meeting of the Workforce and Organisational Development Committee for discussion and assurance.

DHR/
TA

The Director of Human Resources made particular note of the deterioration observed in the Trust's score in relation to the question as to whether staff would recommend UHL as a place to work / have care, and there was a need to understand the reasons for this.

Following discussion on this item, members requested that the Director of Human Resources undertook the following actions:

- (i) continued to progress arrangements for a facilitated Trust Board session on the outcome of the Staff Survey (and included the issue raised as KF22 under section 3.3, page 10 of paper H refers, i.e. fairness and effectiveness of incident reporting procedures);
- (ii) submitted a report on the Outcome of the Staff Survey to the public Trust Board on 5 April 2012;
- (iii) ensured alignment with the Trust Communications Team (in respect of the public Trust Board paper planned for 5 April 2012), and
- (iv) at the request of Mr Kilner, Non-Executive Director, circulated the appendix detailed under section 3.3. (page 10) of the report to all Trust Board members as soon possible given its critical nature in terms of Trust culture.

DHR

DHR

DHR

DHR

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

(B) the Director of Human Resources be requested to undertake the actions outlined

DHR

under points (i) to (iv) above, and

(C) a further report on this item be submitted to the next (June 2012) meeting of the Workforce and Organisational Development Committee.

DHR

07/12/3 Engaging Leadership Excellence: Update on Progress with Talent Management and Leadership Development

The Assistant Director of Training and Development provided a verbal update on this item, in particular regarding the 9 Box Framework. There was a need to strengthen the process and an Expert Reference Group had been established and had conducted research into other models used elsewhere. The Group had met in February 2012 and shared their experience of utilising the 9 Box Framework and 'what success looked like'. Work was currently underway on an appraisal sharepoint system, which would provide support in making decisions about talent management and development shaping. A written report would be submitted to the next (June 2012) meeting of the Committee to highlight progress, and members requested that the contents of this report were output focused rather than process focused.

ADTD

Particular discussion took place regarding the use of the 9 Box Framework throughout the organisation, noting that it had been utilised during appraisals for the past two years. However, the Divisions were keen to develop their own framework by CBU. The Committee noted the need for the Trust to be aware of its upcoming talent.

Resolved – that (A) this verbal information be noted, and

(B) the Assistant Director of Training and Organisational Development be requested to provide an update report on progress (with particular focus on output rather than process) at the next meeting (June 2012) of the Workforce and Organisational Development Committee.

ADTD

08/12 **CLINICAL ENGAGEMENT**

In the absence of the Medical Director from today's meeting, the Director of Human Resources undertook to circulate to members an update on progress regarding clinical engagement as provided to her, noting that the New Consultant Forum meeting had not taken place as yet.

DHR

Members queried whether issues concerning clinical engagement were most appropriately discussed at the Workforce and Organisational Development Committee and it was agreed that the Chief Executive would discuss with relevant others the most appropriate forum and feed back to the Committee as appropriate.

CE

General discussion took place regarding the notification still awaited nationally in terms of the clinical excellence awards, and of the preparatory work being undertaken by the Trust in advance of the expected announcement.

Resolved – that (A) this verbal information be noted,

(B) the Director of Human Resources be requested to circulate to members an update on progress regarding clinical engagement as provided to her, and

DHR

(C) the Chief Executive be requested to discuss with relevant others the best forum

for discussions regarding issues of clinical engagement and feed back to the Committee as appropriate.

CE

09/12 BECOMING AN EMPLOYER OF CHOICE – UPDATE

Ms L Gallagher, HR Shared Services Manager and Mr J Clarke, Chief Information Officer (who had been assisting with regard to IT elements of the project) attended to present paper 'I', which detailed progress made in relation to phases two and three (brand analysis and development) based upon the quantitative data analysis in phase one and subsequent actions taken in relation to the work streams identified to support UHL in becoming an Employer of Choice.

Phase One had enabled the Trust to more fully understand the perceptions and actual experiences of local HEI professional students, applicants, new employees and from staff who chose to leave the Trust's employment. In addition the report highlighted actions taken to improve the experience of trainee doctors rotating to UHL following the overview provided by two trainee doctor representatives at the December 2011 Workforce and Organisational Development Committee. Note was made that this work fed into the work of the Trust's Staff Engagement Group. As the next phase of the project progressed, input and support would be required from Communication and IM&T colleagues and Divisional and CBU Managers once the brand had been developed and was launched.

During discussion on this item, members:

- (i) noted the work being undertaken and that planned for the future by IM&T colleagues with regard to the issues raised previously concerning timely access to Smart Cards and IT systems (and training on the relevant systems), in particular the joint work being undertaken with the University on these issues;
- (ii) acknowledged the factors potentially resulting in the issues previously raised (re IT access etc) such as late recruitment leaving insufficient time to prepare fully for an individual's arrival etc, and of the on-going work being undertaken to minimise such disruption;
- (iii) queried how colleagues would measure the success of the actions being implemented – evaluations were taking place of the Junior Doctor induction process which would include questions regarding IT systems. Whether the actions were proving successful would also be immediately evident on 1 August (changeover day for Junior Doctor rotation);
- (iv) noted the events occurring prior to 1 August 2012 which would allow a 'test run' of the processes described;
- (v) considered that these issues should not have had to be raised at the level of a Trust Board sub-committee for appropriate action to have been taken;
- (vi) noted the on-going work described with regard to addressing gaps in trainee doctor rotations (e.g. early advertisement, commencement of recruitment processes at an early stage, appointing to Locum in Training posts given their attractiveness to candidates etc);
- (vii) queried whether, as part of the Junior Doctor induction process, particular issues which patients had flagged through the patient survey regarding the behaviour of medical staff were raised – the HR Shared Services Manager was requested to ask that the Associate Medical Director (Clinical Effectiveness) included information in her induction talk to Junior Doctors regarding the three specific areas highlighted through the patient survey regarding the behaviour of medical staff;
- (viii) in relation to the work described under section 3.1.5 of the report, the HR Shared Services Manager offered to make the output from this work available to Committee members if they wished to see it, and
- (ix) noted the distinction between what actions the Trust could take to make its systems

HRSSM

easier to use, and those which would improve its brand.

In conclusion, the Chair thanked the HR Shared Services Manager and Chief Information Officer for the significant progress made to date and requested an update on progress from either one at the next (June 2012) meeting of the Workforce and Organisational Development Committee.

HRSSM
/CIO

Resolved – that (A) the contents of this report, and the additional verbal information be provided,

(B) the HR Shared Services Manager be requested to ask the Associate Medical Director (Clinical Effectiveness) to include information in her induction talk to Junior Doctors regarding the three specific areas highlighted through the patient survey regarding the behaviour of medical staff, and

HRSSM

(C) the HR Shared Services Manager or the Chief Information Officer be requested to return to the next (June 2012) meeting of the Committee to report on progress.

HRSSM
/CIO

10/12 DEEP DIVE STRATEGIC RISKS 13, 15 AND 18

Members noted the contents of paper 'J', noting that would be reviewed by Trust Board members. Any members of the Workforce and Organisational Development Committee who were not also Trust Board members were requested to feed back any specific comments on the content of this report to the Director of Human Resources.

Relevant
WODC
Members

Resolved – that any members of the Workforce and Organisational Development Committee who were not also Trust Board members be requested to feed back any specific comments on paper J to the Director of Human Resources.

Relevant
WODC
Members

11/12 ANY OTHER BUSINESS

Resolved – that there were no further items of business.

12/12 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 5 April 2012 by the Chair of the Workforce and Organisational Development Committee:

- Becoming an Employer of Choice (specifically follow-up work in relation to Junior Doctor Feedback);
- Presentations received from Acute Care and Planned Care (specifically regarding Consultant Job Planning), and
- Update on the National Staff Attitude and Opinion Survey (specifically regarding staff engagement).

Chair,
WDC

13/12 DATE OF NEXT MEETING

Resolved – that the next meeting of the Workforce and Organisational Development Committee be held on Monday 25 June 2012 at 9.15am in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 12.17pm.

Gill Belton - Trust Administrator