

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 26 July 2012

COMMITTEE: Workforce and Organisational Development Committee

CHAIRMAN: Ms J Wilson, Non-Executive Director

DATE OF COMMITTEE MEETING: 25 June 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 requirement of management standards for appraisals (Minute 18/12/3 refers), and
- the requirement for a strategic plan for clinical leadership and engagement (Minute 19/12 refers).

DATE OF NEXT COMMITTEE MEETING: 17 September 2012

Ms J Wilson
20 July 2012

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF THE MEETING OF THE WORKFORCE AND ORGANISATIONAL
DEVELOPMENT COMMITTEE HELD ON MONDAY 25 JUNE 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 (until Minute 18/12/2)
Mr R Kilner – Non-Executive Director
Mr A Locke – Patient Adviser (non-voting member) (until Minute 17/12/1)
Mr M Lowe-Lauri – Chief Executive (until Minute 19/12)
Mr P Panchal – Non-Executive Director (from part-Minute 17/12/1)
Mrs C Ribbins – Director of Nursing
Mr D Tracy – Non-Executive Director

In attendance:

Dr S Agrawal – Assistant Medical Director (for Minute 19/12)
Mr N Doverty – Divisional Manager, Clinical Support (for Minute 17/12/1)
Ms L Gallagher – HR Shared Services Manager (for Minute 20/12 and 20/12/1)
Ms N Junkin – Divisional HR Lead, Women’s and Children’s (for Minute 17/12/2)
Mrs K Khaira – Divisional HR Lead, Clinical Support (for Minute 17/12/1)
Ms B Kotecha – Assistant Director of Learning and Organisational Development
Mrs H Majeed – Trust Administrator
Ms J Porter – Head of Midwifery (for Minute 17/12/2)
Ms E Ryan – Divisional Head of Nursing (for Minute 17/12/1)
Ms E Stevens – Deputy Director of Human Resources
Mr D Yeomanson – Divisional Manager, Women’s and Children’s (for Minute 17/12/2)

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

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

RESOLVED ITEMS

ACTION

14/12 APOLOGIES

Apologies for absence were received from Dr K Harris, Medical Director; Mrs S Hinchliffe, Chief Operating Officer / Chief Nurse; Mr D Morgan, UHL Staff Side Chair (non-voting member) and Mr M Wightman, Director of Communications and External Relations.

15/12 MINUTES FROM THE PREVIOUS MEETING

Resolved – that the Minutes of the Workforce and Organisational Development Committee meeting held on 26 March 2012 (papers A refers) be confirmed as a correct record.

16/12 MATTERS ARISING FROM THE MINUTES

16/12/1 Matters Arising Report

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

- (i) Minute 03/12/1 – it was agreed that the Director of Human Resources would liaise with the Chief Operating Officer / Chief Nurse and re-circulate an update regarding the clarification of accountability arrangements for the appraisal of senior members of staff;
- (ii) Minute 04/12/1 (re: to discuss medial student DNA rates at UHL Occupational Health clinics with the relevant Deanery and University representatives) – the Chief Executive confirmed that he had discussed this with Dr S Carr, Associate Medical Director (Clinical Education);
- (iii) Minute 05/12/1 (c) – the Medical Director was requested to circulate a one-page summary on the job planning training system and the roles and responsibilities in respect of providing the training, and
- (iv) Minute 28/11/2 (the arrangements for monitoring assurance regarding managers communications with their staff through objectives and appraisals) – it was noted that this was actioned.

DHR/
COO/
CN

MD

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 undertake the action outlined under point (i) above,

DHR/
COO/
CN
MD

(C) the Medical Director be requested to undertake the action outlined under point (iii) above.

16/12/2 Occupational Health

The Director of Human Resources advised that a bid for the Occupational Health Software system had been put forward to the IT Capital Bids Board and the outcome was awaited.

In respect of the work undertaken regarding DNA rates at the Occupational Health clinics, it was noted that a system had been implemented where staff were contacted by telephone or text messages to remind them of their appointment. The DNA rates would further be monitored in September 2012.

Resolved – that the position be noted.

16/12/3 Work Programme

The Director of Human Resources advised that the HR Directorate Service Development, Transformation programme and ESR/Payroll updates which were originally scheduled for June 2012 would now be provided to the Workforce and Organisational Development Committee in September 2012. The updates originally scheduled for September 2012 had now been scheduled on the agenda for the 25 June 2012 meeting. It was suggested that an agenda item for implications of FT in terms of the workforce be scheduled for June 2013.

DHR

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

(B) an update on implications of FT in terms of the workforce be scheduled on the agenda for the Workforce and Organisational Development Committee in June 2013.

DHR/
TA

17/12 WORKFORCE AND STAFF ENGAGEMENT DIVISIONAL PRESENTATIONS

17/12/1 Presentation from the Clinical Support Division

The Divisional Manager, Divisional Head of Nursing and the Divisional HR Lead attended the meeting to give a presentation on issues concerning workforce and staff engagement within their Division (paper C refers).

They particularly highlighted the following points during their presentation:-

- (a) the fact that their Division had the lowest sickness absence rate across the Trust;
- (b) 'hot spot' performance review meetings with Managers had been introduced;
- (c) the significant work they had undertaken in respect of staff appraisal which had resulted in the appraisal rate of 95.8% and 94% response rate in respect of the appraisal audit;
- (d) 'think tank' meetings which had been rolled out to enhance staff engagement;
- (e) extended working hours in the Pathology CBU;
- (f) for 2012-13, the Division had currently identified 88% of its CIP;
- (g) the need for internal trading recharges for the additional costs incurred by the TAPS CBU for the RTT work undertaken;
- (h) their intention to recruit posts in Theatres, Imaging, Dietitics and Pharmacy in order to reduce premium payments, and
- (i) the transformation schemes in place to meet the 2012-13 CIP.

In discussion on this item, members:-

- (i) queried the reason for approximately 17% of staff to be excluded from having an appraisal – in response, it was noted that the figures excluded medical staff, staff on maternity leave, seconded staff, new starters etc.
- (ii) highlighted the significant increase in agency spend in May 2012 – it was noted that this was due to the additional work undertaken for Planned Care Division and Emergency Department;
- (iii) noted that the Division was committed to revise the scheduling of Radiographers and Assistant Practitioner roles;
- (iv) were advised of the grand parenting arrangements for appraisal sign-off in order to assess the quality of the appraisals undertaken;
- (v) noted that the Division had the lowest sickness absence rate in the Trust, however queried the significant variance in rates within the different CBUs of the Division – in response, it was noted that this issue was mainly related to closing absence episodes in one particular department, however, the Acting Divisional HR Lead provided assurance that this was being managed. The Divisional Head of Nursing commented that there was a direct correlation between workload/activity and sickness levels;
- (vi) queried whether a strategy was in place to recruit theatre nurses – in response, members were advised that a workforce plan was in place and national guidance was being followed to recruit this staff group;
- (vii) were advised that the sickness absence policy would be forwarded to Mr P Panchal, Non-Executive Director and Mr A Locke, Patient Adviser (in response to queries raised by them).

DDHR

- (viii) (responding to a query from the Committee Chairman) were advised that the Division needed strategic support in relation to workforce development;
- (ix) noted that imaging activity had increased by 16% in April and May 2012 compared to the same period in 2011;
- (x) noted that work was continuing to develop the proposals with reference to internal trading models already in place at other Trusts, and
- (xi) noted the need for backlog maintenance in order to improve the working environment specifically in LRI Theatres. It was suggested that the wellbeing funds be used to undertake this work.

In conclusion, the Chair thanked members of the Clinical Support 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 C refers) and the additional verbal information provided, be received and noted, and

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

DDHR

17/12/2 Presentation from the Women's and Children's Division

The Divisional Manager, Divisional HR Lead, and the Head of Midwifery from the Women's and Children's Division attended to give a presentation on issues concerning workforce and staff engagement within their Division (paper D refers).

They particularly highlighted the following points during their presentation:-

- (a) there had been a steady decline in sickness absence rate;
- (b) Divisional and CBU Boards monitored sickness levels to ensure appropriate management;
- (c) regular 'Making it Happen' sessions were being held, and
- (d) appraisal rates continued to improve.

In discussion on this item, members:-

- (i) queried the Division's view of the quality of the staff appraisals undertaken – in relation to which point the Assistant Director of Learning and Organisational Development was requested to put in place a process to promote further the grand parenting arrangements for appraisal sign-off. The Committee Chair suggested that this be undertaken outside the meeting;
- (ii) noted the Director of Human Resources' comments regarding the regular review of appraisal management by the Executive Team;
- (iii) noted that the Division was working towards managing workforce in more efficient ways;
- (iv) noted the workforce issues in relation to theatre lists at the Leicester General Hospital site;
- (v) were assured that engagement sessions and cross divisional meetings in respect of the Gynae redesign were being undertaken;
- (vi) noted that a discussion on the models of care for additional capacity in Maternity had been scheduled on 6 July 2012;
- (vii) were advised that discussions would be held with the SHA in respect of Assistant Nurse Practitioner roles in the Maternity CBU;
- (viii) (in response to a query) were advised that the background in respect of the play

**ADLO
D**

- specialist's review would be circulated to Mr P Panchal, Non-Executive Director;
- (ix) sought clarity on the appropriate midwife to birth ratio and noted that this issue needed to be resolved as a matter of urgency. The Divisional Manager suggested that he would provide a brief update at a future meeting of the Executive Team, and
 - (x) suggested that a forecast of workforce data be provided by all Divisions at their next presentations to the Committee.

**DM,
W&C**

**ALL
DHRLs**

In conclusion, the Chair thanked members of the Women's and Children's 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.

Further to the departure of the Divisional team, it was suggested that good practice in respect of workforce issues should be shared across the Divisions. The Deputy Director of Human Resources agreed to discuss this with the Divisions and further discuss it with the Committee Chair. The Chief Executive suggested that the Divisions should confer these aspects at cross divisional meetings.

DDHR

In discussion, the Director of Human Resources noted the need for a discussion on working patterns (i.e. a review on how UHL's workforce would be 24/7) linked to the Nursing Staff review being undertaken by the Corporate Nursing Directorate – it was suggested that this matter be taken forward outside the meeting and the outcome be provided to the Workforce and Organisational Development Committee meeting.

DoN

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

(B) the Assistant Director of Learning and Organisational Development be requested to put in place a process to further promote the grand parenting arrangements for appraisal sign-off (outside the meeting);

**ADLO
D**

(B) the Divisional Manager, Women's and Children's be requested to provide a brief update on midwife to birth ratio at a future meeting of the Executive Team;

**DM,
W&C**

(C) all Divisions to include a forecast of workforce data at their next presentations to the Committee;

**ALL
DHRLs**

(D) the Deputy Director of Human Resources be requested to initially discuss a mechanism to share good practice in respect of workforce aspects amongst Divisions and further discuss it with the Committee Chair, and

DDHR

(E) the Director of Nursing be requested to feedback on progress with the review of Nursing 24/7 working to the Workforce and Organisational Development Committee, when available.

DoN

18/12 STAFF ENGAGEMENT STRATEGY

18/12/1 Organisational Development Plan

Paper E had been withdrawn and a verbal update on this item was provided. The Director of Human Resources expressed disappointment that the Trust Board development session to discuss the OD plan had not yet taken place. She advised that Finnermore were developing a proposal to support the Trust's OD planning. Mr R Kilner, Non-Executive Director expressed concern over this approach and suggested that it would be preferable if Trust

staff developed the proposal. In response, the Director of Human Resources advised that this would be a fair challenge due to the capacity in the HR department, however she highlighted that the Trust staff would work alongside Finnamore in taking this forward. The Committee Chair requested the scope of the proposal including milestones, key roles and responsibilities be provided initially to the Executive Team for further discussion and thereafter to the Trust Board.

DHR

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

(B) the Director of Human Resources be requested to present the scope of the proposal to support the Trust’s OD planning initially to the Executive Team and thereafter to the Trust Board.

DHR/
TA

18/12/2 Engaging Leadership Excellence

The Assistant Director of Learning and Organisational Development presented paper F, an update on the talent management guidance. The provision of the talent management guidance would contribute positively to improving the quality of appraisals and ensuring that the right learning and development was in place to enable staff to achieve their full potential and career aspirations. Responding to a query, it was noted that this guidance applied to all non-medical staff. However, for medical staff, this guidance would be used as a supporting document in their appraisal process.

Members noted the need for the roll-out to be phased and suggested that it be top-down in order to be effective. It was also noted that appropriate training needed to be provided.

Paper F1 updated the Committee on the delivery of high quality leadership development interventions and activity at UHL, as set out in the Trust’s Engaging Leadership Excellence Strategy.

A paper on the 2012 Leadership Development Programmes was tabled. In relation to the Clinical Leadership Excellence Programme, the Committee Chair queried whether this programme would capture doctors – in response, it was noted that this was particularly aimed at clinical leaders which included ward managers and theatre team leaders. The Chief Executive commented that leadership development for medical staff was the responsibility of the Trust and the University. He suggested that Dr S Carr, Associate Medical Director (Clinical Education) be invited to attend the next meeting of the Workforce and Organisational Development Committee to present the plan in respect of development for doctors.

ADLO
D

The Deputy Director of Human Resources commented that funding had been secured for a fixed term medical engagement post to take this agenda forward.

Resolved – that (A) the contents of papers F&F1 be received and noted, and

(B) Dr S Carr, Associate Medical Director (Clinical Education) be invited to attend the next meeting of the Workforce and Organisational Development Committee to present the plan in respect of development for doctors.

ADLO
D/TA

18/12/3 Appraisal Quality Assessment

Paper G updated members on appraisal quality assurance activity. A sample testing of appraisal data relating to 270 individuals had been undertaken to ensure records were

accurately completed and appropriate supporting evidence was maintained (section 2.4 refers).

In discussion on this item, Mr D Tracy, Non-Executive Director noted that appraisal was a yearly process and strongly noted the need for regular interaction between the appraiser and appraisee on a monthly basis to discuss progress.

CE

Responding to a query, the Deputy Director of Human Resources advised that one of the key priority areas in the eight point plan was 'communication' which included communication between senior managers and staff and access to senior managers. Setting up or continuation of regular one to one meetings was being seen as a priority. In respect of the telephone survey to quality assess appraisals, Mr R Kilner, Non-Executive Director voiced concern that 28% of respondents had not yet received the documented output from their appraisal meeting. The Deputy Director of Human Resources acknowledged this and advised that section 3.2.1 of the report listed the issues that had been identified further to the sample testing of appraisal documentation and telephone survey. She assured members that work was on-going to resolve these issues. In further discussion, it was suggested that a report on management standards relating to appraisals be provided to the next meeting of the Committee in September 2012.

ADLO
D

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

(B) the Assistant Director of Learning and Organisational Development be requested to present a report at the Workforce and Organisational Committee meeting in September 2012 on the management standards relating to appraisals.

ADLO
D/TA

19/12 CLINICAL LEADERSHIP AND ENGAGEMENT

Dr S Agrawal, Assistant Medical Director attended the meeting to provide a verbal update on the actions being put in place to improve clinical engagement. Monthly Trust wide Consultant meetings had now been established and the Medical Director and Divisional Directors were taking a lead on this. Joint Medical Staff Committees were run at all three sites by Consultant staff. The CBU Medical Leads meeting had not been well-attended.

The Assistant Medical Director expressed concern that there was an issue with visibility of senior leaders (i.e. Divisional Director, CBU Medical Lead) in the shop floor.

He suggested that a medical website would be useful, however he advised that the time and resource to populate/run this website had not been identified. He noted that there was scope for improvement in respect of the New Consultants Rolling Programme noting that a unified list of Consultant names and email addresses would be helpful. The Deputy Director of Human Resources advised that this issue was being resolved and she agreed to provide confirmation at the next meeting.

DDHR

A leadership programme called 'Preparing yourself for a Consultant' had been established for trainee medical staff and if the programme proved successful then more sessions would be set-up. A list of other clinical and medical leadership programmes was also provided. He suggested that a programme for doctors to address aspects in relation to stress/litigation/inquests would be helpful as doctors currently felt that they were not offered any support to deal with such issues.

In discussion, the Director of Nursing advised that CBU Leads, Heads of Service and other clinical staff might be interested in being involved in the CQUIN work/Quality Schedule and suggested that the Clinical Quality Review Group would be the forum to be approached. The

Assistant Medical Director suggested that shadowing opportunities at Board level Committee meetings would be helpful.

The Committee Chair thanked the Assistant Medical Director and noted that significant progress had been made. She noted the need for this to be escalated to the executive agenda in order for things to be progressed at a faster pace. The Chief Executive commented on the need to develop a strategic plan for clinical leadership and engagement including resource requirements for discussion at the next meeting of the Committee.

DHR/
MD

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

(B) the Deputy Director of Human Resources to provide confirmation at the September 2012 meeting in respect of whether the list of all Consultant names and email addresses had been finalised, and

DDHR

(C) the Director of Human Resources and the Medical Director be requested to develop a strategic plan for clinical leadership and engagement including resource requirements for discussion at the next meeting of the Workforce and Organisational Development Committee meeting on 17 September 2012.

DHR/
MD

20/12 **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.

She advised that a number of actions had been put in place to improve the experience of trainee doctors rotation to UHL in August 2012 (section 2 of paper H refers). Mr R Kilner, Non-Executive Director reported that he would attend the doctors' induction session on 1 August 2012, as an observer. The HR Shared Services Manager agreed to forward the details to him. It was noted that IM&T department had undertaken a full process mapping exercise in conjunction with HR Shared Services to ensure that trainee doctors had timely access to IT systems and smartcards as part of the induction process. The Committee requested a trainee doctor from the intake in August 2012 be invited to attend the Committee in September 2012 to provide an update on his/her experience of joining UHL.

HRSS
M

In discussion on the progress in relation to the recruitment branding, it was noted that work had commenced on the design of the webpages and sound bites from the experiences of staff would be posted on the website's 'Work for Us' area. The HR Shared Services Manager agreed to share the web link with members of the Committee. In response to a suggestion from Mr P Panchal, Non-Executive Director, it was suggested that link to the city council website could be posted on UHL's recruitment banding webpage.

HRSS
M

The Committee Chairman suggested that lessons be learnt from other Acute Trusts in relation to becoming an employer of choice – in response, It was noted that a particular organisation which had won awards in this category was being contacted.

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

(B) a trainee doctor (from the intake in August 2012) be invited to attend the Workforce and Organisational Development Committee in September 2012 to provide an update on his/her experience of joining UHL, and

HRSS
M/TA

(C) HR Shared Services Manager be requested to share the web link in relation to recruitment branding with members of the Committee.

**HRSS
M**

20/12/1 Recruitment Hotspots

Ms L Gallagher, HR Shared Services Manager provided a verbal update and categorised the recruitment hotspots into 2 themes:-

- (a) areas where recruitment activity was high, and
- (b) areas where it had been challenging in attracting sufficient suitable candidates.

In respect of high activity, large scale recruitment campaigns had been run for:-

- 100 healthcare assistants across the Trust;
- 43 Respiratory Nurses;
- 15 Nurses in Medicine;
- 12 Nurses in Emergency Department, and
- 12 Nurses in Cancer and Haematology.

These large scale recruitment campaigns caused challenges when individuals applied for more than one post which thereby complicated the recruitment process.

It had been challenging to recruit to the following posts:-

Junior Doctors, Consultants and Nurses in the Emergency Department, Educational Practice Development Nurses at Bands 6/7, Clinical Scientists, Sonographers, Operating Department Practitioners, Theatre Practitioners, Non-Training posts in Trauma and Orthopaedics/General Surgery, Clinical Fellows in Anaesthetics, ITU Fellows and Radiologists (particularly in specialties such as breast screening).

In discussion, it was noted that risks to patient safety and quality of care had been included on the risk register, however Mr R Kilner, Non-Executive Director noted the need for granular details to be included.

DHR

In further discussion on whether the challenges in recruiting to these posts would cause bottle-necks in the future, it was noted that service development planning and workforce planning were being linked in order to resolve these issues. The Committee Chair suggested that these issues be discussed cross-divisionally on a quarterly basis.

It was suggested that an update on recruitment hotspots, risks associated with it and the actions being put in place to resolve these issues be provided to the Workforce and Organisational Development Committee in December 2012.

**HRSS
M**

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

(B) the Director of Human Resources be requested to ensure that granular detail in respect of the recruitment challenges be included on the organisational risk register, and

DHR

(C) the HR Shared Services Manager be requested to provide an update on recruitment hotspots, associated risks and the actions being put in place to resolve these issues to the Workforce and Organisational Development Committee in December 2012.

**HRSS
M/TA**

21/12 ITEMS FOR INFORMATION

21/12/1 Themes Arising from the AMICA Annual Report

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

22/12 ANY OTHER BUSINESS

There were no items of any other business

23/12 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 28 June 2012 by the Chair of the Workforce and Organisational Development Committee:-

**Chair,
WODC**

- the requirement of management standards for appraisals (Minute 18/12/3 refers), and
- the requirement for a strategic plan for clinical leadership and engagement (Minute 19/12 refers).

24/12 DATE OF NEXT MEETING

Resolved – that the next meeting of the Workforce and Organisational Development Committee be held on Monday 17 September 2012 at 9.15am in the Board Room, Victoria Building, Leicester Royal Infirmary.

The meeting closed at 12.45.

Hina Majeed
Trust Administrator